

Inspection Report

9 April 2024



Meadowbank

Type of service: Nursing (NH)

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Ann's Care Homes Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mrs Emma Quigley Date registered: 19 July 2021
Person in charge at the time of inspection: Danielle Boyle – deputy manager until 10.15am Emma Quigley – manager after 10.15am	Number of registered places: 35
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 30
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 35 patients. The home a single storey building with individual bedrooms. There is access to communal lounges, a dining room and bathrooms. There is an outdoor area with seating and mature gardens for patient use.	

2.0 Inspection summary

An unannounced inspection took place on 9 April 2024, from 9.30am to 4.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified and are included in the body of this report and the Quality Improvement Plan (QIP) in section 6.0.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients 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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with relatives and staff individually and in small groups and observed interactions between patients and staff throughout the day of the inspection.

Relatives spoken with described the staff as friendly and the care as good. They also said they were kept well informed about any changes in the patients' condition.

Patients were relaxed and content in the home and were observed interacting well with staff. Patients were either spending time in communal areas or in their own rooms.

Staff described the manager as supportive and they raised no concerns about staffing levels. Staff advised they had received an induction and training to prepare them for their roles.

One completed relative's questionnaire was received following the inspection and the relative confirmed that staff were kind and thoughtful, supportive and caring and the interactions between staff and patients were good. They said "...I cannot find fault (with the care)".

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 26 October 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: Second time	The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure that fully complete and accurate personal medication records are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 28 Stated: First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Standard 23	The registered person shall ensure that patients are repositioned in keeping with their prescribed care and that repositioning	

Stated: First time	records are accurately and comprehensively maintained at all times.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and is discussed further in section 5.2.2 This area for improvement has been stated for a second time.	
Area for Improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure the daily menu is displayed in a suitable format for patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 5 Ref: Standard 4.7 Stated: First time	The registered person shall ensure care records for antibiotic therapy and activities are regularly updated and reviewed to ensure they continue to meet the needs of patients.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training records showed good compliance and included moving and handling practice, fire safety and infection prevention and control.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the patients. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' early signs of distress, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly, however, records did not provide assurance that this was completed as required for individual patients. This area for improvement has been stated for a second time.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate post falls observations being completed appropriately and onward referral if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

A sample of care records were reviewed and found that information relating to the modification of meals was not always up to date. This was brought to the attention of the manager for her review and action. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was tidy warm and welcoming. Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable however, a number of cleanliness and infection prevention and control issues were identified. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A room containing maintenance tools and equipment was not securely locked. This was brought to the manager's attention for immediate action. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with staff confirmed that patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family or friends in their room or one of the lounges to visit.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff which included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families. Staff assisted patients to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Emma Quigley has been the manager in this home since 19 July 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
Total number of Areas for Improvement	2	4*

* the total number of areas for improvement includes one standard that has been stated for a second time and two standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Quigley, Registered Manager, and Elaine McShane, Regional 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (9 April 2024)	<p>The registered person shall ensure the cleanliness and infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The bedrail bumper in the identified bedroom was replaced on the day of inspection.</p> <p>The crumbs found on the footplate of the steady aid hoist were brushed off immediately following the inspection.</p> <p>Bed linen on the three identified beds were immediately changed following the feedback from inspection.</p> <p>The areas identified are being monitored during the daily walkabout audits, IPC audits and during the regulation 29 visit.</p>
Area for improvement 2 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: With immediate effect (9 April 2024)	<p>The registered person shall ensure all areas in the nursing home to which patients have access to are free from hazards to their safety.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The maintenance store is checked on the daily walkabout audit and supervisions have been shared with staff on the safety of all keypad entry doors. A sign has been posted to remind staff to keep the door locked at all times.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 29 Stated: First time To be completed by: Ongoing from the date of inspection (4 April 2022)	The registered person shall ensure that fully complete and accurate personal medication records are maintained. Ref: 5.1 and 5.2.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: Ongoing from the date of inspection (4 April 2022)	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit. Ref: 5.1 and 5.2.3
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 23 Stated: Second time To be completed by: With immediate effect (9 April 2024)	The registered person shall ensure that patients are repositioned in keeping with their prescribed care and that repositioning records are accurately and comprehensively maintained at all times. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: An audit was compiled to ensure that all supplementary documentation reflects the resident's care plan and assessments. This will be completed on a weekly basis. Staff have been issued with a login to the electronic records and will commence using the electronic version from Monday 27th May 2024. The completion of these will be monitored using the new audit form.
Area for improvement 4 Ref: Standard 4.7 Stated: First time	The registered person shall ensure care records for patients who required their food to be modified are up to date and reviewed to ensure they continue to meet the needs of patients. Ref: 5.2.2

To be completed by: With immediate effect (9 April 2024)	Response by registered person detailing the actions taken: The record that was reviewed on the day of inspection was amended immediately following the feedback at the end of the inspection. Monthly care file audits continue and action plans are put in place for any corrections required.
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