



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of establishment:</b>	<b>Meadowbank</b>
<b>RQIA number:</b>	<b>1186</b>
<b>Date of inspection:</b>	<b>10 February 2015</b>
<b>Inspector's name:</b>	<b>Sharon Loane</b>
<b>Inspection number:</b>	<b>17259</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General information**

<b>Name of establishment:</b>	Meadowbank
<b>Address:</b>	11A Trench Road Derry BT47 2DT
<b>Telephone number:</b>	028 71347281
<b>Email address:</b>	meadowbank@fshc.co.uk
<b>Registered organisation/ registered provider:</b>	Four Seasons Healthcare Dr Maureen Claire Royston (Registration pending)
<b>Registered manager:</b>	Ms Claire Wilkinson, acting manager
<b>Person in charge of the home at the time of inspection:</b>	Ms Claire Wilkinson
<b>Categories of care:</b>	NH-LD,NH-LD(E)
<b>Number of registered places:</b>	35
<b>Number of patients accommodated on day of inspection:</b>	32
<b>Scale of charges (per week):</b>	£567.00 - £624.00
<b>Date and type of previous inspection:</b>	6 May 2014, Primary announced inspection
<b>Date and time of inspection:</b>	10 February 2015, 10:30 – 14:30 hours
<b>Name of inspector:</b>	Sharon Loane

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **4.0 Method/process**

Specific methods/processes used in this inspection include the following:

- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- discussion with relatives
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- evaluation and feedback
- observation during a tour of the premises

## **5.0 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Meadowbank Nursing home is situated in a quiet residential area, a short distance from the centre of Londonderry.

The nursing home is owned and operated by Four Seasons Healthcare. Ms Claire Wilkinson is the current acting manager of the home.

Meadowbank Nursing Home is a purpose single built storey building containing two units, "Oakwood" and "Cedarwood" and comprises of 31 single bedrooms ( one en-suite ) and two double bedrooms ( one en-suite ), a choice of five sitting rooms, sensory room, main kitchen, two dining rooms, toilet/washing facilities, laundry, staff accommodation and offices.

A secure garden is provided at the back of the home. The grounds around the home are well maintained and the manager advised that arrangements are in progress to provide a sensory garden for the patients. Adequate car parking facilities are provided at the front of the home.

The home is registered to provide care for a maximum of 35 persons under the following categories of care:

### Nursing care

LD – Learning Disability

LD (E) – Learning disability over 65 years

The registration certificate was appropriately displayed in the main entrance area.

## 7.0 Executive Summary

The unannounced inspection of Meadowbank Nursing Home was undertaken by inspector Sharon Loane, on 10 February 2015 from 10:30 – 14:30 hours.

The inspection was facilitated by Claire Wilkinson, manager who was available throughout the inspection. Verbal feedback was provided to the manager and Una O Sullivan (deputy manager) at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 6 May 2014.

During the course of the inspection, patients, staff and visiting relatives were consulted. Care practices were observed, a selection of records examined and a general inspection of the nursing home environment was conducted as part of the inspection process.

The patients were well presented in appropriate clothing. Relationships between the patients and staff were observed to be relaxed and cordial. The majority of residents were unable to communicate verbally but indicated with their demeanour and positive gestures that they were happy in the home. One patient's relatives were available to consult on the day of inspection. Comments made were positive in regards to the home. Refer to section 11.3 for further details.

Three patient care records were examined in relation to continence management and support. The care records evidenced that the standard of record keeping in relation to this aspect of care reflected an assessment, care planning and evaluation process which included the promotion of continence/ management of incontinence and patient's dignity. Documentation was detailed and person centred in regards to the standard inspected. However, the recording and monitoring of bowel function was inconsistent and not robust. A recommendation has been made for the effective management of the standard. Refer to section 10.0 of the report.

A range of policies and guidelines and training was in place to support registered nurses and care staff in relation to continence management.

From a review of the available evidence and from discussion with relevant staff and observation of practice, the level of compliance with standard 19 was substantially compliant.

An examination of the duty rota and observations of care practice evidenced that staffing levels were adequate to meet the health and welfare of patients. Staff comments in discussion were positive. Staff highlighted the quality of team work and management support. There were no concerns raised. Refer to section 11.4 for further information.

The home's general environment was comfortable and all areas were maintained to a satisfactory standard of hygiene. The manager advised that a redecoration programme had taken place and is still in working progress. It was evident that effort had been put into personalising and decorating patients' bedrooms.

As a result of the previous inspection conducted on 6 May 2014, two requirements and two recommendations were made.

These were reviewed during this inspection and it was evidenced that all requirements and recommendations had been fully complied with. Details can be viewed in the section immediately following this summary.

This inspection evidenced that the delivery of care to patients was of a good standard. There were processes in place to ensure the effective management of the themes inspected.

As a result of this inspection, no requirements are made and one recommendation has been made. Details can be found in the report and in the quality improvement plan.

The inspector would like to thank the patients, the registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.



## 8.0 Follow-up on previous issues from 6 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27(2)(d)	The registered person shall, having regard to the number and needs of patients, ensure that all parts of the nursing home are kept clean and reasonably decorated.	All areas of the home were observed to an acceptable level of cleanliness. It was evident from observation and discussion with management and staff that a programme of redecoration has taken place and is ongoing. The manager advised that working hours for ancillary staff had been increased since the last inspection. Cleaning schedules and audits were available.	Compliant
2.	18 (2)(j)	The registered person shall, having regard to the number and needs of patients, keep the nursing home free from offensive odours.	All areas of the home were inspected and no offensive odours were evident.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12.3	It is recommended that the menu planner be reviewed and updated to address all choices available for patients including for patients on therapeutic diets. Choices available for all snacks should be varied.	<p>The menu planner was reviewed and evidenced all choices are suitable for patients requiring a therapeutic diet.</p> <p>A selection of snacks is identified on the menu to provide patients choice. Examples included selection of homemade pastries, scones, milkshakes, fruit platters, smoothies and milky puddings.</p>	Compliant
2.	5.3	It is recommended that infection control assessments be undertaken for patients.	A general risk assessment is completed for each patient. This assessment incorporates infection control. One patient's record, who had been identified as having an infection control risk, was examined. A completed assessment, care plan and evaluation were evidenced. All records were reviewed appropriately.	Compliant

**9.0 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been a number of notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection. At time of inspection, there was one ongoing investigation. All incidents were managed in accordance with the regional adult protection policy by the safeguarding team within the Western Healthcare Trust.

## 10.0 Inspection Findings

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
<b>Inspection Findings:</b>	
<p>Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken for all patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care. Care plans examined were detailed and informative.</p> <p>There was evidence in all three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. Evaluation statements were reflective of the identified need.</p> <p>Patient's bowel functions were recorded inconsistently and there was limited evidence that bowel function was being effectively monitored. Records examined indicated gaps in recording. This was discussed with the manager. A recommendation has been made.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patients care records ,evidenced that their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions. It was noted that the care plans examined were person centered and this is good practice.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p>	<p>Substantially compliant</p>

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.	
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**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

**Criterion Assessed:**

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

**COMPLIANCE LEVEL**

**Inspection Findings:**

The following policies and procedures were in place;

- stoma care
- catheter care

The manager advised the continence management/incontinence management policies are currently under review to reflect best practice guidance.

The following guideline documents were in place:

- RCN continence care guidelines
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- British Geriatrics Society Continence Care in Residential and Nursing Homes.

Additional reference information on continence management developed by Four Seasons Healthcare was also available to staff.

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Compliant

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Not applicable.	Not applicable
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussion with the manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager and review of training records revealed that all the registered nurses and care staff had completed continence training in October and September 2014. The registered manager informed the inspector that additional training in catheterisation is scheduled for 25 February 2015. The manager provided evidence of supervision with staff, regarding male catheterisation and catheter care.  At time of inspection, the home did not have any patients receiving stoma care.  Two continence link nurses are identified and were involved in the review of continence management and education programmes for staff. In addition, one staff member has completed bowel management training as part of clinical skills training in November 2014 and learning had been cascaded to other staff. This demonstrates good practice.  Discussion with staff evidenced that they were knowledgeable about the important aspects of continence care including privacy, dignity, skin care, fluid intake and the reporting of any concerns. Staff consulted demonstrated new learning from all training provided.	Compliant

**Inspector's overall assessment of the nursing home's compliance level against the standard assessed**

**Substantially compliant**



## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection, staff were observed to treat the patients with dignity and respect. Good relationships were evident between patients and staff. It was apparent from observation and discussion; the staff were knowledgeable and familiar with the intricate needs and preferences of the patients.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' needs promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

### **11.2 Activities and Social Care**

On the day of inspection, a number of organised activities were observed. These included music and singing songs. Patients were observed taking part in the signing and interacting with the staff leading the activities. Another group of patients were going out for lunch, to a local hotel in the area, the activity staff advised the importance for the patients to integrate within the community environment and the positive effects this had on the patient's well-being. A Valentines party was scheduled for later in the week, to include entertainment and food and relatives or patient representatives were invited to join. The activity staff advised training opportunities were available and that within the Four Seasons Group in this geographical area, the activity co-ordinators came together for shared learning. The activities staff member advised, patients are being provided with more opportunities to go out socially and there has been a significant improvement in this regard.

### **11.3 Patients and Relatives views**

During the inspection, the majority of patients were acknowledged and observed individually or in groups. In most instances, patients were unable to express their views regarding their care verbally due to their communication difficulties. These patients indicated by positive gestures that they were happy living in the home.

One patient's family were visiting during the inspection. They acknowledged their satisfaction with the care provided and the recent improvements made by management. In addition, they were observed in helping prepare their family member for the lunch trip occurring that day; this demonstrates family involvement in delivering care.

### **11.4 Staffing and staff views**

During the inspection, five staff was spoken with individually and others in small groups; including the deputy manager, registered nurses, care assistants, catering and activity staff.. All staff commented on the homely atmosphere, good team working and the valued support of their management team. Staff demonstrated a thorough knowledge of the patients' needs and preferences. It was evident from discussion and observation; the staff took great pride not only in their patients' appearance, but also in the presentation of their bedrooms and demonstrated compassionate care.

One staff comment included "we treat the patients like our own family".

Staff responses in discussion, indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and personal preferences.

Staff advised of the improvements in the operations of the home and the positive impact this has had on both the patients and staff experience. Areas of improvement included: increased staffing levels, more activities for patients, families have more input and are encouraged to be involved. One staff comment included “the home is a very different place”.

### **11.5 Environment**

An inspection of the premises was undertaken and facilitated by the manager. The majority of patient’s bedrooms, bathrooms, shower and toilet facilities and communal living areas were observed. The manager advised that refurbishment/redecoration works had been completed since the last inspection and were still in progress. The appearance of the environment evidenced this and some additional work was being completed during the inspection. There was evidence of high levels of personalisation of the bedrooms and careful attention to the décor. The home was comfortable and was maintained to a satisfactory standard of cleanliness. The manager advised plans are in progress to develop a safe area and sensory garden for the patients living in the home.

## **12. Quality improvement plan**

The details of the quality improvement plan appended to this report were discussed with Claire Wilkinson (Registered Manager) and Una O Sullivan (Deputy Manager), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the quality improvement plan.

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.

Enquiries relating to this report should be addressed to:

**Sharon Loane**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
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## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Meadowbank

10 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Claire Wilkinson (manager) & Una O Sullivan (deputy manager) during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.


**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Recommendations</b>					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19.1	The responsible individual should ensure that patients bowel functions referencing Bristol Stool should be recorded and effectively monitored.  <b>Ref: Section:10.0</b>	One	Information has been cascaded to staff nurses; in relation to consistent recording of bowel functions. - All staff nurses will complete but staff nurse on night duty will ensure progress notes and monthly monitoring form correlate. - progress notes will be checked routinely to monitor consistency and compliance and managed accordingly.	One Month

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Claire Wilkinson
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	 Jim McCall 20/3/15 MANAGING DIRECTOR

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	S. Wale	23.3.15.
Further information requested from provider			