

Inspection Report

13 January 2022



Meadowbank

Type of service: Nursing Home
Address: 11a Trench Road, Londonderry, BT47 2DT
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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 Limited Responsible Individual : Charmaine Hamilton	Registered Manager: Emma Quigley Date registered: 19 July 2021
Person in charge at the time of inspection: Emma Quigley	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: 26
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 living with a learning disability. The home is a single storey building with all the patient bedrooms located on the ground floor. Patients have access to communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 13 January 2022, from 10.20 am to 5.45 pm 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The staff members promoted the dignity and well-being of the patients and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

RQIA was assured that the delivery of care and service provided in Meadowbank was effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of patients.

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 and 'Tell Us' cards 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 Emma Quigley, Manager at the conclusion of the inspection.

4.0 What people told us about the service

Eight staff and three patients were spoken with. Patients said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. Two relatives made contact with the inspector by telephone and email; both commented very positively about the care their loved one receives in Meadowbank and the level of communication from the Manager and staff. Comments received included "the staff members are so good, kind and patient", "the staff members are brilliant" and "the fact that xx is happy in Meadowbank says it all really".

Staff said that the Manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "I love it here, I can go home knowing I have put a smile on someone's face."

There was no response from the staff online survey within the allocated timeframe and no questionnaires were returned.

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 18 February 2021		
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) and (b). Stated: First time	The registered person shall ensure that the treatment and other services provided to patients meet their individual needs and current best practice. Care records should reflect this.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.8 and 4.9 Stated: First time	The registered person shall ensure that any intervention undertaken by registered nurses or care staff is clearly and accurately recorded in the patient's care records. This is specifically in relation to the recording and monitoring of patients weight and risk assessment for the need for a call bell.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced this area for improvement has been met.	

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staffs' knowledge and skills in the following areas is updated :</p> <ul style="list-style-type: none"> • the optimal and safe ways of assisting patients with their meals • the use of potential restrictive practices. 	<p>Met</p>
<p>Action taken as confirmed during the inspection: Observation of staff practice and discussion with staff evidenced this area for improvement has been met.</p>		

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 and that the required information was included in recruitment records. Staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Staff were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Patient care records were well maintained which reflected 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; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

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 these included any advice or recommendations made by other healthcare professionals such as the Speech and Language Therapist (SALT) or the Occupational Therapist (OT).

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Informative and meaningful 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 also recorded.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans and the repositioning booklets were not completed with all the required detail. An area for improvement was identified.

Discussion with the Manager and a review of records confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

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 could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner.

There was a system in place to ensure that all the staff members were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT). If required, records were kept of what patients had to eat and drink daily.

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home is in the process of some refurbishment and contractors were seen painting rooms and corridors.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos, football memorabilia, toys and games.

An empty bedroom was being used to store additional supplies of continence products but also observed in the bedroom was a number of folders containing patient records for archiving. Confidential patient records should be stored securely, this was discussed with the Manager and an area for improvement was identified.

The hairdressing room was observed unlocked with several bottles of hairdressing products and an air freshener aerosol accessible to patients. These could be harmful to patients if ingested. In addition, thickening agents were observed accessible to patients in a dresser unit within a dining room; thickening agents should be kept secured when not in use. This was discussed with the Manager and identified as an area for improvement.

Observation of the environment highlighted a number of shortfalls in regard to infection prevention and control practices; vinyl gloves were observed in use; vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves, several notices required laminating and the integrity of a number of bed rail protectors was compromised. These deficits were discussed with the Manager and an area for improvement was identified.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, we did observe a trolley left in front of a fire door, although this was not an escape route the door should not be occluded. The Manager quickly moved the trolley once brought to her attention and provided assurance that this will be further kept under review during daily walk-arounds.

A fire risk assessment was conducted on the 5 November 2021 and there was evidence all the required actions had been appropriately addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control measures and the use of PPE had been provided. The staff members 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.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

In relation to activities, two staff members are employed to plan and implement social activities for patients in the home. Activities included singing, reminiscence, arts and crafts, games and exercises. The patients have access to a sensory room with relaxing lights and soft furnishings. The activity staff member shared how the patients are looking forward to getting involved in the BBC Big garden bird watch event and how a number of patients enjoy watching the birds feed from the feeders outside their windows.

Visiting arrangements and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. Visiting was in line with Department of Health guidance. Patients were free to leave the home with their relatives when this had been requested.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been no change in the management arrangements. Ms Emma Quigley has been the registered manager of the home since 19 July 2021. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. Audits were reviewed for the 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.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Discussion with the Manager in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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.

Discussion with the Manager confirmed that when Ann’s Care Homes acquired the home from the previous provider, they did not take on the responsibility of appointee for receiving and managing social security benefits on behalf of a number of patients. The Manager advised that the Western Health and Social Care Trust (WHSCT) had been informed of this decision and that the Trust was in the process of addressing the issue. This information was passed to the RQIA finance inspector following this inspection. RQIA are currently in the process of contacting the WHSCT in relation to this matter.

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 (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	3	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Quigley, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Re-positioning frequency has been reviewed for all residents and care plans updated to reflect individual needs. The frequency of Repositioning is transcribed on the front page of Change Position booklets for all care staff to refer to. A sample of these records are checked during each shift by the nurse in charge and monitored by the Home Manager during her Walkabout audits. Regional Manager checks samples during the Reg 29 visit. Home Manager will carry out a supervision session with all care staff in relation to completion of repositioning records.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation.</p> <p>Thickening agents must be stored appropriately when not in use.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: All areas where chemicals are stored have been reviewed and additional security put in place where identified. Flash meetings have taken place with all staff in relation to storage of chemicals thickening agents when not in use. This area is monitored during each shift by nurse in charge and by the Home Manager during her Walkabout audits.</p> <hr/> <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • the use of vinyl gloves • notices are laminated • damaged bed rail protectors are replaced. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The use of vinyl gloves have been discussed with staff at flash meetings and supervision sessions. This area is monitored by nurse in charge and by Home Manager. All notices on display have been reviewed and either have been disposed or laminated when necessary. All damaged bed rail protectors have been removed and replaced where necessary.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2022</p>	<p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This refers specifically to the storage of patient care records in the home.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: An identified locked area in the home is being used to store care records. All staff have been made aware of this allocated area with signage in place.</p>

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