



# Unannounced Care Inspection Report 13 September 2018



## Meadowbank

**Type of Service: Nursing Home (NH)**  
**Address: 11a Trench Road, Londonderry, BT47 2DT**  
**Tel No: 02871347281**  
**Inspector: Lyn Buckley**

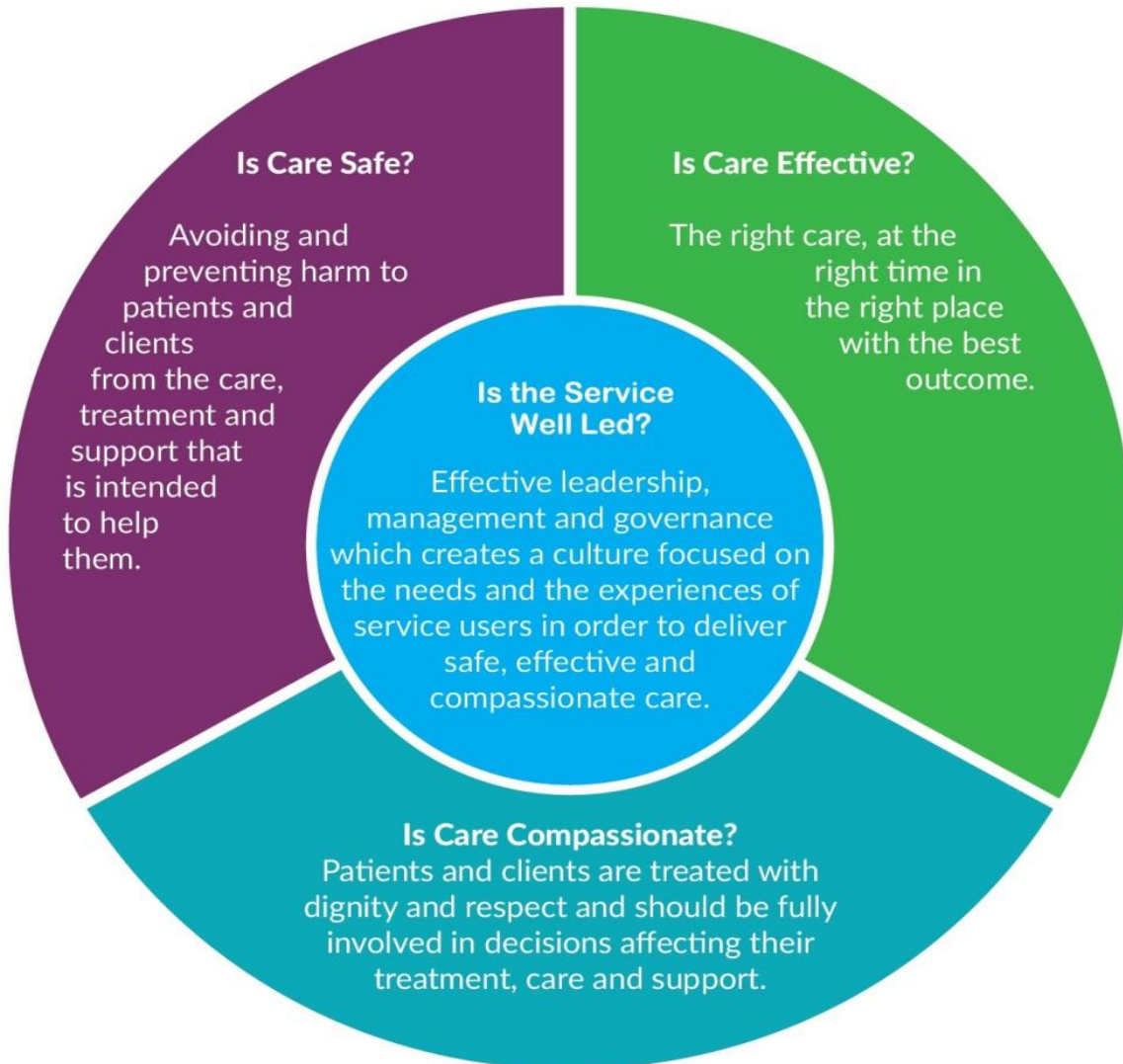
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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Manager:</b> John Diamond
<b>Person in charge at the time of inspection:</b> John Diamond – Registered Manager	<b>Date manager registered:</b> 9 May 2018
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 13 September 2018 from 10:05 to 14:50 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection was to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, adult safeguarding, infection prevention and control and the home's environment, record keeping, audits and reviews, communication between patients, staff and other key stakeholders. Also good examples were evidenced in relation to the culture and ethos of the home, ensuring patients' rights, dignity and privacy, listening to and valuing patients, their relatives and staff; and taking account of their views.

There were no areas for improvement identified during this inspection.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with John Diamond, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 4 May 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 4 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the registration status of the home

During the inspection we met with seven patients individually and with other in groups, eight staff and two patients' relatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also provided for display inviting staff to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the front door.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 16 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 May 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 5 February 2018

There were no areas for improvement identified as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 3 to 16 September 2018 evidenced that the planned staffing

levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey: there were no responses received before the issue of this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Meadowbank.

We spoke with two patients' relatives; both said their loved one was well cared for and that they had no concerns. We also sought relatives' opinion on staffing via questionnaires. One was returned before the issue of this report. The relative indicated that they were very satisfied that there was enough staff to ensure their loved one was safe and well care for. Comments recorded included, "I am more than happy with ... care and am delighted with management and staff for their excellent kindness to ... and all other residents."

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to staff member commencing work in the home. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) and the Northern Ireland Adverse Incident Centre (NIAIC) were managed and shared appropriately with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained and the registered manager monitored attendance with face to face training and compliance with elearning sessions. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients and assisting patients to eat and drink.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home’s environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices and care delivery, discussion with staff and review of records evidenced that infection prevention and control measures (IPC) and best practice guidance in IPC were consistently adhered to.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of equipment such as safety belts in chairs, bedrails or alarm mats. Risk assessments were also completed regarding falls risk and nutritional and eating risks such as weight loss or choking. The risk assessments reviewed were regularly reviewed and informed patient’s care plans. There was also evidence of consultation with relevant persons. Staff spoken with were knowledgeable regarding patients’ rights.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, infection prevention and control and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, falls, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), tissue viability nurses (TVN), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their relatives or representative if appropriate. There was evidence of regular communication with relatives/representative within the care records. Discussion with two relatives confirmed they were kept informed of any changes in their loved ones care and had confidence in the staff to "do the right thing" or to resolve/investigate any concerns they might raise.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between patients, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 10:05 hours and were greeted by the registered manager. Patients were enjoying either breakfast or a morning cup of tea/coffee in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required. One patient was enjoying a foot massage and it was evident they enjoyed and received benefit from this and other patients had just left as the inspection began for an outing in the bus supported by staff.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. One nurse said that the "key to caring was to know the patients". Staff also described how they supported both patients and new staff to understand how to communicate and how staff could provide support and comfort for patient when needed.

Staff interactions with patients were observed to be compassionate, caring and timely. It was evident that staff knew patient very well and that patients were relaxed and comfortable with the staff. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home and that activities were enjoyable and meaningful to the patients.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were important to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, therapeutic diets, how to modify fluids and how to care for and support patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"...family wish to thank the management and staff of Meadowbank Care Home for allowing and assisting with the birthday party."

"During ... stay in Meadowbank he received the most professional, kind and loving care from all those who looked after him. The staff in the home were in fact his day to day family."

“I met many staff during [time visiting the home] and was invariably welcomed by caring and friendly people whose professionalism and kindness showed through.”

“The nurses, carers, catering staff, were just fabulous and this knowledge made dealing with ...illness ...much easier.”

Patients spoken with confirmed that they were comfortable and relaxed in their home and with staff. Patients who could not verbalise or demonstrate their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with two relatives during the inspection and both spoke positively regarding the care provided for their loved one and the attitude of staff toward them and their loved one. No concerns were raised. Ten relative questionnaires were provided; one was returned before the issue of this report. The relative indicated that they were very satisfied that care was safe, effective, compassionate and that the home was well led. The relative also commented: “My... and I are more than happy with ...care and are delighted with management and staff for their excellent kindness to ... and all other residents.”

We spoke with eight staff during the inspection and their comments are recorded throughout this report. In addition we invited staff to complete an on line survey; no responses were received before the issue of this report.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the issue of this report will be shared with the registered manager for their information and action as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, ensuring patients’ rights, dignity and privacy, listening to and valuing patients and their relatives and taking account of their views and wishes.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and relatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. It was also evident from observation of interactions that the patient knew the registered manager.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, record keeping and infection prevention and control practices (IPC). In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and the use of any equipment that may restrict a patient’s liberty such as bedrails.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records, in comparison to notifications received by RQIA, evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA as required; and any other relevant bodies.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Staff stated that they enjoyed working in the home and felt supported to provide safe, effective and compassionate care by their senior staff and manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

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