



# Unannounced Care Inspection Report 18 February 2021



## Meadowbank

**Type of Service: Nursing Home**  
**Address: 11a Trench Road, Londonderry, BT47 2DT**  
**Tel No: 028 7134 7281**  
**Inspector: Heather Sleator**

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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.

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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Natasha Southall (registration pending)	<b>Registered Manager and date registered:</b> Emma Quigley (registration pending)
<b>Person in charge at the time of inspection:</b> Emma Quigley	<b>Number of registered places:</b> 35
<b>Categories of care:</b> Nursing Home (NH) LD – Learning disability. LD (E) – Learning disability – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 27

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2021 from 10:00 to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement were identified regarding ensuring that the treatment and other services provided to patients meet their individual needs, updating staffs' knowledge and skills in respect of the use of a potential restrictive practice and the safe and optimal way to assistance patients with their nutritional needs and ensuring accurate care records are maintained regarding recording and monitoring patients weight and the use of call bells..

Patients said that they felt they were well cared for by staff and commented, "It's okay here."

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>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Emma Quigley, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with seven patients, and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then 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 was displayed inviting visitors to speak with the inspector.

The following records were examined during the inspection:

- staff duty rotas from 1 to 18 February 2021
- three staff competency and capability assessments
- three patients' care records
- complaint records
- compliment records
- staff training information including induction training
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staffs' annual appraisal and supervision planner
- two staff recruitment and selection records

- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 previous inspection.

The most recent inspection of the home was an unannounced care inspection undertaken on 6 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that staff adhere to good infection prevention and control practice in relation to the wearing of jewellery and nail polish.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We did not observe any staff member wearing jewellery or nail polish throughout the inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that repositioning records reflect the prescribed care and that care plans relating to modified diets reflect the national changes for how food and fluids are described.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of three patient care records evidenced that modified diets were recorded using the appropriate descriptive levels. Supplementary care records evidenced that repositioning records were reflective of the prescribed care in the patient's care records.	

## 6.2 Inspection findings

### 6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “Everyone helps each other out; we have a good team here.”
- “I love it here, always someone to help you, I would have no problem going to the nurses or manager if I needed to.”
- “Great handover report, we're given information on every patient and then plan for the day.”

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. Over the last months, supervision had been undertaken in a group or peer supervision however, the manager will be commencing individual supervision in the incoming year. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

Staff recruitment information was available for inspection and records for two staff members evidenced that all relevant checks had been carried out as required. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

Discussion with the manager and staff evidenced that staff meetings were held on a regular basis although these had been on an ad-hoc basis recently. Topics such as infection prevention and control, use of PPE, 'donning' and 'doffing' procedures and updates regarding COVID-19 were discussed. The manager has recommenced a planned approach to staff meetings with the most recent meeting being 27 January 2021 with the heads of departments i.e. care, housekeeping, catering and maintenance.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was



also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. As discussed in 6.2.3 and 6.2.4 further updated training for staff has been identified as an area for improvement. The identified areas are in relation to the use of a potential restrictive practice and the optimal and safe ways of assisting patients with their meals.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

### **6.2.2 Infection prevention and control procedures and the environment**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff.

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "We're kept up to date about COVID-19 at daily handover meetings."

Visiting arrangements were pre-arranged with staff and an area inside the home had been identified for visiting. The location of the visitors' area pod meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff. Visitors to the home undergo the same symptom and temperature checks as staff when entering the home.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. We observed a number of bedrooms were being used for the storage of equipment. This was discussed with the manager who stated that she has been in contact with the local healthcare trust and is waiting to hear back from them regarding a collection date. All areas within the home were observed to be free of any malodour and clean. Walkways throughout the home were kept clear and free from obstruction.

We reviewed the most recent fire risk assessment report. The assessment was carried out on 5 November 2020 by a fire risk assessor who is on a recognised register of fire risk assessors. The report's action plan listed a number of items requiring attention and remedial works and there was evidence that the items listed on the action plan had been signed off by the manager indicating that all items had either been addressed immediately or in the weeks immediately following the risk assessment.

### 6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Some of the patients' had complex needs and limited verbal communication. It was evident that staff knew their patients very well and were able to communicate effectively with all the patients. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable and personal care needs had been met. We observed that call bells to alert staff were not always placed within easy reach for those patients. This was discussed with staff and the manager who stated that not all of the patients would be able to use a call bell and that staff checked the patients regularly to see if the patient needed anything. The review of patient care records did not evidence any information regarding the inability to use a call bell was included in the completed risk assessments or reference to how the needs of any patient unable to use a call bell would be addressed. This has been identified as an area for improvement. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner.

Some comments made by patients included:

- "They're (staff) good."
- "Like it okay."

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the various units of the home. We spoke with the activities coordinator during the inspection who stated that the patients were looking forward to the future when they could go out on day trips as the home has the use of a minibus. Activities were planned daily however with arts and crafts being a particular favourite of patients along with individual time being spent with them.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences. We also observed that a patient, who was seated in a specialised chair in the 'tilt' position, was not placed in an upright position when being assisted with their meal. The patient also required intensive assistance with their meal. This was not reflected in the patient's care



plans. All staff should be aware of the optimal and safe ways of assisting patients with their meals and this information should be present in patient care records and their individual assessed needs. This has been identified as an area for improvement.

#### **6.2.4 Care records**

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. However, the review of the care records also evidenced that there was a need for greater accuracy and diligence when prescribing care. The review of one patient's care record did not accurately reflect the change in the patient's seating arrangements, the use of a lap belt and the specific interventions required to support the patient at mealtimes. The review of another patient's care records did not evidence that staff were completing a comprehensive review of the patient's use of prn medication. Care records should accurately reflect the needs of any patient. This has been identified as an area for improvement.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis, with the exception of one patient's care records, this was brought to the attention of the manager. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present. However, the review of the monitoring of patients' weight did not provide an accurate overview and it was difficult to identify the actual weight of some patients. It is very important that accurate records are maintained at all times. This has been identified as an area for improvement.

#### **6.2.5 Governance and management arrangements**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. The manager was recently appointed to the post. An application for registration had been submitted to RQIA. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "(Manager) is very supportive; her approach has been, what can I do to help?"

There were numerous 'thank you' cards displayed and comments included:

- "Thank you all as you have done a great job in keeping everyone safe."  
Relative- December 2020
- "Thank you so much for all the time and care you gave our ( relative) who was made very welcome and settled in well, XX was very happy in Meadowbank, we cannot thank you enough."  
Relative- November 2020

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home's own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for December 2020 and January and February 2021 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

### Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

### Areas for improvement

Areas for improvement were identified regarding ensuring that the treatment and other services provided to patients meet their individual needs, updating staffs' knowledge and skills in respect of the use of a potential restrictive practice and the safe and optimal way to assistance patients with their nutritional needs, ensuring accurate care records are maintained.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

We provided feedback of the findings of the inspection to the manager. We discussed the areas of good practice and the areas identified for improvement. The manager agreed with the findings of the inspection and agreed to address the areas identified for improvement and discuss these with staff.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Emma Quigley, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) and (b).  <b>Stated:</b> First time  <b>To be completed by:</b> 18 March 2021	<p>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.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Following the inspection a nurses meeting was held. Areas identified were discussed and an action plan was devised for named nurses with emphasis on personalising care plans to reflect residents specific needs. The completion of these care records will be spot checked by Home Manager and Regional Manager.</p>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.8 and 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate	<p>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.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Registered Nurse meeting held and the measuring and recording of weights was discussed. An action plan was devised for accurate recordings and staff have read and signed this.            All residents now have a personalised care plan for the use of call bells specific to their needs and will be put in place also for any future new residents.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2021</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"> <li>• the optimal and safe ways of assisting patients with their meals</li> <li>• the use of potential restrictive practices</li> </ul> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> Full review of restrictive practices was completed. Consent forms, risk assessments and care plans updated to reflect the residents current needs. Supervisions commenced with care staff in relation to optimal and safe way of assisting residents with their meals and for the use of potential restrictive practices.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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