

Inspection Report

18 November 2022



Meadowbank

Type of service: Nursing Home

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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: Mrs Charmaine Hamilton	Registered Manager: Mrs Emma Quigley Date registered: 19 July 2021
Person in charge at the time of inspection: Mrs Emma Quigley	Number of registered places: 35
Categories of care: LD – learning disability LD(E) – learning disability – over 65 years	Number of patients accommodated in the nursing home on the day of this inspection: 27
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 18 November 2022, from 10.00 am to 5.30 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.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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

Ten staff and three relatives were spoken with individually about their experiences of working and visiting the care home. All spoke in positive terms about Meadowbank, the staff confirmed it was a good place to work and they thoroughly enjoyed caring for the patients. Two relatives commented on how well their loved one had settled since moving into the home a short time ago. A further relative told us "I would happily move in here tomorrow myself".

Staff said that the Manager was very approachable, there was great teamwork and that they felt supported in their role.

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 20 April 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) Stated: First time	The registered person shall ensure the following in regards to the repositioning of patients: <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. 	Met
	Action taken as confirmed during the inspection: Review of repositioning records evidenced improvement in this aspect of care delivery. There was evidence patients were repositioned as prescribed in their care plans and the repositioning records were accurate.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation. Thickening agents must be stored appropriately when not in use.	Met
	Action taken as confirmed during the inspection: Review of the environment provided evidence this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: Review of the environment provided evidence that vinyl gloves are no longer in use. However, some bed rail protectors were noted to be damaged; the Manager provided assurance these would be replaced immediately and a few notices that were observed not laminated will be removed. Given the immediate assurances given by the Manager this area for improvement was met. The continued observation of the above identified areas must be closely monitored by the Manager on an ongoing daily basis.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Review of the environment evidenced a room allocated for the storage of records; however, this room was observed unlocked. This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>

Area for improvement 2 Ref: Standard 29 Stated: First time	The registered person shall ensure that fully complete and accurate personal medication records are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

A system was in place to ensure that staff completed their training; the Manager has good oversight with staff compliance with the required training.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. There was evidence staff were on the live register for both the NMC and NISCC however, review of the monthly audit did not evidence the spreadsheet had been updated to reflect these dates. An area for improvement was identified.

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.

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 patient's needs. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

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

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

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.

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

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

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced improvement in the quality and accuracy of the documentation and evidenced repositioning of patients as prescribed in their care plans.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced that wound care was managed in keeping with best practice guidance.

Examination of records and discussion with the Manager 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. However, where neurological observations were required following a suspected or actual head injury there were inconsistencies with the period the observations were recorded when this was cross referenced with the nursing homes management of falls policy. This was discussed with the Manager and it was agreed the falls policy and how this reflects the care of the patients who live in Meadowbank should be reviewed. An area for improvement was identified.

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. The patients were observed to enjoy the food with plenty of empty plates seen.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. It was observed that there were two areas where staff was recording fluid intake and neither was observed to be consistently recorded and or reconciled to evidence the 24 hour total fluid intake of the patients. An area for improvement was identified.

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 was warm, clean and comfortable. Patients' bedrooms were clean and personalised with items of importance to each patient. However, it was observed that several bedrooms required redecoration, some pieces of bedroom furniture were in need of repair, bedroom furniture was observed missing handles and the drawers of several units were seen misaligned, furthermore, a number of wardrobes required a better tidy. This was discussed with the Manager who advised the home has a refurbishment plan in place and this would be shared with RQIA. It was recommended that the maintenance personnel should review the identified bedroom furniture in an effort to either repair or replace the furniture. An area for improvement was identified.

A room had been identified to store additional equipment and care records ready for archiving; this room had been fitted with a lock. The room was unlocked when first checked by the inspector but later in the day was found to be locked. Confidential patient records should be stored securely at all times, an area for improvement was stated for a second time.

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

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

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.

Activities in the home are provided seven days a week by two activity staff members. 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 Manager shared with us how some of the patients are very much enjoying getting back to the day centre.

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 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. Review of the care record audits did not evidence that all the required actions from the audit had been completed; an area for improvement was identified.

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 work is ongoing with the commissioning trust in addressing a number of patients' benefits as identified from the last care inspection.

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	1	7*

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

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time To be completed by: 18 December 2022	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: A Environmental audit is in place, the areas identified during the inspection was put on hold as the home went into outbreak status the day after the inspection – summary report sent on 12/12/22 when outbreak was declared over. Environmental audit was updated on 12/12/22 with timeframes for completion.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 37 Stated: Second time To be completed by: 30 November 2022	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. This refers specifically to the storage of patient care records in the home. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Staff have been advised to keep archive cupboard door locked at all times. A supervision session will be held with staff in relation to storage of records.

Area for improvement 2 Ref: Standard 29 Stated: First time To be completed by: 4 April 2022	The registered person shall ensure that fully complete and accurate personal medication records are maintained. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: 4 April 2022	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 18 December 2022	The registered person shall ensure the staff professional body registration audit is kept up to date to reflect staff current status in regard to annual renewal, fee payment and staff name. Ref: 5.2.1 Response by registered person detailing the actions taken: The Professional Body Registration audit has been updated to reflect the two staff who paid their renewal fee in October 2022. This will be monitored during Regulation 29 visits.
Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 18 December 2022	The registered person shall ensure the falls policy is reviewed and if necessary rewritten to reflect best practice guidance. Ref: 5.2.2 Response by registered person detailing the actions taken: Falls policy has been discussed with Senior management and has been reviewed.

<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The system for recording fluids has been reviewed, whereby the fluids are totalled only on the supplementary Food and Fluid Intake Booklets. All staff have been informed of this new system and the reason for not recording in two separate documents.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2022</p>	<p>The registered person shall ensure action plans from the care record audits evidence the person responsible for completing the action and further follow up to ensure the actions have been completed.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Actions from care plan audits have given to staff to address any deficits - they have been advised to record date and action taken before returning to the Home Manager for further review.</p>

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