

Inspection Report

23 May 2023



Meadowbank

Type of Service: Nursing Home
Address: 11a Trench Road, Londonderry, BT47 2DT
Tel no: 028 7134 7281

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Ann's Care Homes	Registered Manager: Emma Quigley
Registered Person/ Responsible Individual Charmaine Hamilton	Date registered: 19 July 2021
Person in charge at the time of inspection: Emma Quigley - manager	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: 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. The home is on a single floor with bedrooms, communal lounges, dining rooms and bathrooms.	

2.0 Inspection summary

An unannounced inspection took place on 23 May 2023, from 9.40am to 5.00pm 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.

It was evident that staff promoted the dignity and well-being of patients.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) which can be found in section 6.0.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the management team 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.

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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with staff and visitors individually and in small groups about their experience of working and visiting in the home. Positive comments were given by both staff and visitors to the home.

Relatives said "Staff ring me about everything to let me know all that happens", "there are always staff around and the room is clean" and "we are happy knowing (they) are safe here".

Staff comments included "really approachable manager...supports us well", "we are offered additional training and the manager supports this" and "there is good communication with families".

We received no completed patient or visitor questionnaires and no response to the online survey within the specified time frame.

A record of compliments received about the home was kept and shared with the staff team.

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 November 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: First time	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 37 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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.	
Area for improvement 4 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure the falls policy is reviewed and if necessary rewritten to reflect best practice guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 12 Stated: First time	The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 7 Ref: Standard 35 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that at times there was not enough staff on duty to meet the needs of the patients. This was discussed with the manager for her review.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Mandatory training compliance was monitored and showed good compliance. Registered nurses taking charge in the absence of the manager had their competency and capability assessed regularly. Staff said they were provided with additional training such as venepuncture.

Review of records provided assurances that all staff were registered with their individual professional bodies which included the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

Examination of the record of staff supervision and appraisal showed poor progress. This was discussed with the manager and will be reviewed at the next inspection.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the care requirements for patients. Staff were observed to be knowledgeable about individual patient needs and preferred routines, for example, where patients liked to sit and what they liked to eat. Staff were seen to treat patients with care and understanding.

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

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.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alarm mats. Review of the post falls records identified that neurological observations were not completed in line with best practice. An area for improvement was identified.

It was observed that following a fall in the home staff attempted to use inappropriate moving and handling techniques to lift a patient. This was brought to the managers attention and 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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a meal that they enjoyed.

During the lunch meal one resident was noted to have difficulty swallowing their meal. Discussion with staff identified that not all staff were fully aware of the modified diet descriptors and follow up action required to address this situation. An area for improvement was identified.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Patients and staff chatted while staff asked patients about their preferred meal.

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.

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 included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally tidy and well maintained, however, it was observed that a number of pieces of furniture required maintenance or replacement and the outside area of the home required maintenance. This area for improvement has been stated for a second time.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Observation of the environment and infection control practices identified a number of rooms and furnishing which required cleaning and staff infection prevention and control practices which required improvement. An area for improvement was identified

It was noted that cleaning chemicals were left unattended, thickening powders were not locked away and the door to a sluice room was unlocked. This was brought to staffs' attention for immediate action. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with staff and observation of daily life confirmed that patients were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges or could go out to activities in the community if desired.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as games, reading, movies, painting and karaoke.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Emma Quigley has been the manager in this home since 19 July 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home. The audit of hand hygiene required an action plan to address any issues identified in staff practice. This was discussed with the manager and will be reviewed at the next inspection.

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.

Review of the home's record of complaints confirmed that these were well managed and used as learning to improve practices and the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

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	4*	4*

* the total number of areas for improvement includes 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, Registered 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: Second time To be completed by: With immediate effect	<p>The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: An environmental audit was completed and actioned which addressed the replacement of chairs, handles repaired on identified wardrobes and new curtain poles.</p> <p>This will continue to be monitored by deputy manager, home manager and regional manager.</p>
Area for Improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that patients are appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Supervision is being shared with registered nurses highlighting the actions following a fall and post fall observations. This area will be monitored by way of a falls TRaCA being completed after each fall.</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>The registered person shall ensure the infection prevention and control issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>All areas identified on the environmental audit have been addressed.</p> <p>Hand hygiene and PPE audits continue monthly.</p> <p>Decontamination records are being monitored by the Home Manager, Deputy Manager and checked by the Regional Manager at her visits.</p> <p>Home manager will continue to monitor IPC e-learning stats and share a supervision with staff.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure all areas in the nursing home to which patients have access to are free from hazards to their safety as far as reasonably possible.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The identified keypadded door found to have not closed correctly has been checked to ensure it is in working order and will be checked on daily walk abouts. Supervision will be shared with staff on COSHH to include storage of chemicals and thickening agents. COSHH e-learning compliance will be monitored.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 4 April 2022</p>	<p>The registered person shall ensure that fully complete and accurate personal medication records are maintained.</p> <p>Ref 5.1</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit.</p> <p>Ref: 5.1</p>

Stated: First time To be completed by: 4 April 2022	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.
---	--

<p>Area for improvement 3</p> <p>Ref: Standard 39.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the training provided on moving and handling practices is evaluated and embedded into practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The identified member of staff received an update on manual handling on the day of inspection. Moving and handling practices will be monitored by the manager, deputy manager and regional manager to ensure that training is embedded into practice.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure staff have up to date knowledge and skills in the management of feeding techniques and actions required for those patients with swallowing difficulties.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Discussion was had with the nurse following the inspection. All concerns were discussed and reported to the relevant professionals. All SLT recommendations are included on the daily handover report and any changes are updated as they occur.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

