

# Inspection Report

26 October 2023



## Meadowbank

**Type of Service: Nursing Home**  
**Address: 11a Trench Road, Londonderry, BT47 2DT**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Ann's Care Homes  <b>Responsible Individual:</b> Mrs Charmaine Hamilton	<b>Registered Manager:</b> Mrs Emma Quigley  <b>Date registered:</b> 19 July 2021
<b>Person in charge at the time of inspection:</b> Mrs Emma Quigley - manager	<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> 31
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 35 patients. The home is a single storey building with individual bedrooms. There is access to communal lounges, a dining room and bathrooms. There is an outdoor garden area for patients to use if desired.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 October 2023, from 9.45 am to 4.15 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.

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

Patients were positive in their comments about living in the home. 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

Patients, staff and a visitor were spoken with in small groups or individually about living, working and visiting the home. Comments were complimentary and positive.

Patients said the food was good and they liked the meals provided in the home.

Staff were complimentary about the support of the manager, the care provided in the home and said that the staff worked well as a team.

A visitor commented that they were kept up to date about their relative and found that the home was clean and tidy.

There were no responses received from the patient questionnaires or the online staff survey.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 23 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (b) <b>Stated:</b> Second time	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2.  This area for improvement has been stated for a second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified during the inspection are addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 (2)(a)	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.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	The registered person shall ensure that fully complete and accurate personal medication records are maintained.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit.  <b>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.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 39.7  <b>Stated:</b> First time	The registered person shall ensure the training provided on moving and handling practices is evaluated and embedded into practice.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time	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.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 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.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training compliance was good and included topics such as moving and handling practice, fire safety and infection prevention and control (IPC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. 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 there was enough staff on duty to meet the needs of the patients. The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

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.

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 needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy 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; however, records did not provide assurance that this was completed as prescribed for individual patients. An area for improvement was identified.

Records reviewed evidenced that not all patients had neurological observations appropriately monitored following a fall where a head injury has occurred or the potential of a head injury is possible. This area for improvement has been stated for a second time.

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, music was playing, 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 pleasant experience and had a meal that they enjoyed.

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. It was noted that the menu was difficult to see and did not reflect the meal served. An area for improvement was identified.

A review of a sample of care records evidenced that care plans for the provision of activities and prescribed antibiotic therapy had not been reviewed and updated to ensure they continued to meet the individual patient's needs. An area for improvement was identified.

Care plans 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 clean, tidy and well maintained.

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.

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

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

A room used for maintenance supplies and equipment was observed unlocked. This was brought to staff attention and was locked immediately.

Two rooms were observed being used as storage areas, this is not in keeping with the home's original registration. This was discussed with the manager who, following the inspection, confirmed all rooms are now returned to their original purpose.

### **5.2.4 Quality of Life for Patients**

Patients said they were able to choose how they spent their day. They told us they could have family or friends in their room or one of the lounges.



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.

There was a range of activities provided for patients by staff. The range of activities included social, community, cultural, religious, spiritual and creative events.

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 continues to be the registered manager in this home.

It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager and described her as supportive and approachable

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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 (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	5*

\* the total number of areas for improvement includes one that have 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 Mrs 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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.1 and 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All nurses have been met with in a group supervision session to discuss the inspection findings. The Falls Policy and Falls Pathway were discussed and in particular the frequency of neurological observations. There is a reference file available for staff to refer to. The Home Manager monitors documentation following each fall.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 4 April 2022	The registered person shall ensure that fully complete and accurate personal medication records are maintained.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 4 April 2022	The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that patients are repositioned in keeping with their prescribed care and that repositioning records are accurately and comprehensively maintained at all times.  Ref: 5.2.2

<b>To be completed by:</b> With immediate effect	<b>Response by registered person detailing the actions taken:</b> All care staff have had a supervision session in relation to completing documentation and in particular repositioning booklets, nurses check a sample during each shift and address any deficits at the time. The home has moved to electronic records by using a phased approach. Supplementary books will be introduced week beginning 11/12/23. Home Manager monitors a sample during wlabout audits.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the daily menu is displayed in a suitable format for patients.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Images of dishes have been made available, however waiting on a suitable display board to be delivered. In the meantime - residents can be given a choice by looking at these photographs.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 4.7  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure care records for antibiotic therapy and activities are regularly updated and reviewed to ensure they continue to meet the needs of patients.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> All care plans for activities have been reviewed and updated on the new electronic system. The Home Manager is able to monitor care plans for reviews and changes from her desktop computer. This area was included in the supervision inspection feedback session.

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



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