

Inspection Report

5 October 2021



Meadows

Type of service: Nursing (NH)
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Registered Provider: Armagh Care Services</p> <p>Responsible Individual: Mr Daniel McHugh</p>	<p>Registered Manager: Mr Daniel McHugh</p> <p>Date registered: 01 April 2005</p>
<p>Person in charge at the time of inspection: Daniel Mc Hugh</p>	<p>Number of registered places: 46</p> <p>The 15 persons accommodated in the bungalows at Ross Court must be assessed as nursing patients who are assessed as low to medium dependency on the Rhys Heron dependency scale. Category RC-LD for 3 named individuals only. The Home is approved to provide care on a day basis only to a maximum of 4 persons only. Daytime opportunities Monday to Sunday, hours will be for approximately a 6 hour period between 8am - 8pm.</p>
<p>Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 46 people with learning disabilities. The home comprises of two floors in the main building and three five bedroom bungalows on the site.</p>	

2.0 Inspection summary

An unannounced inspection took place on 5 October 2021 from 10:20 am to 16.20 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Staffing levels were found to be safe and effective and adjusted if and when required following ongoing review. Staff were seen to be professional and polite as they carried out their duties and told us they felt well supported in their roles.

Patients were seen to be well cared for with obvious time given to personal care and dressing. Interactions between staff and patients were warm and friendly. Staff were readily available to support those patients who required additional assistance with mobility and food and fluids. Staff were observed to be caring and compassionate in their interactions with patients.

Feedback from patients and staff indicated that they were very satisfied with the care and service provided in the home.

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 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.

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 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 Joanne Henry nurse in charge at the conclusion of the inspection and Mr Daniel Mc Hugh via telephone following the inspection.

4.0 What people told us about the service

During the inspection we spoke with 19 patients individually and others in groups, and six staff. In accordance with their capabilities patients spoke in positive terms about the care they received and their relationships with staff.

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

Patients told us they were very content living in the home and the staff were very helpful. Staff confirmed that they felt well supported by the management of the home and would be comfortable raising any issues or concerns. One staff member said "I enjoy it (working here), every day is different. I enjoy interacting with the residents. It is a good place to work."

Nine completed questionnaires were returned from patients within the identified timescale. Responses indicated that patients were very satisfied in the home. Some comments received from patients included "I like the Meadows, the food is lovely, I like the bus", "I get brilliant care in the Meadows. Fed up with the virus and wish it would go away", "Best place there is, definitely look after me. Staff are all lovely. Danny is the man", "The Meadows is my home, I like it."

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 21 January 2021		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 Ref: Standard 4.1 Stated: First time	The registered person shall ensure the identified care records are reviewed in a timely manner following readmission to the home.	Met
	Action taken as confirmed during the inspection: Inspection of the identified care record showed they had been reviewed and updated accordingly.	
Area for Improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure records regarding wound care are maintained in keeping with best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge confirmed there were currently no patients with wounds in the home, but that staff were aware of best practice in relation to maintaining wound management records. Staff spoken with explained records that should be maintained if a patient required wound management.	

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. Information available in the home showed plans were in place with specific dates identified for staff to complete relevant mandatory training including moving and handling. However it was

noted in information provided following the inspection there was a small number of staff who required first aid training updates. This issue was discussed with the manager, who was advised the training should be completed without delay. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role. Staff shared that they 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. Staff told us that there was enough staff on duty to meet the needs of the patients. In addition allocation records were maintained which identified the specific areas staff worked on a daily basis. These records were updated as was necessary.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. 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. For example, patients spoken with explained how they liked to go for walks in the local area, whilst others preferred to relax in the home. Other patients shared that they enjoyed going out on bus trips or engaging in arts and crafts and staff were available to support them with these choices.

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.

Patients said staff were good and that they were happy to approach staff if they had any issues.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful and encouraging to the patients to ensure their views were heard. Patients were observed making decisions on how they wished to spend their time and deciding what they wanted for example some patients were planning a take away for their evening tea.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as required following falls. Staff spoken with were aware of the individual needs of patients.

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 pleasant experience and had a meal that they enjoyed. Staff shared that seating plans had been rearranged to ensure greater space for patients to allow for social distancing.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

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. The lunch time meal was a pleasant and unhurried experience for the patients. Patients spoken with also shared how they enjoyed getting a take away on occasions, and were encouraged to make their individual choices from the menu.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

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, and were 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.

Staff confirmed patients had an annual review of their care arranged by their care manager or Trust representative, however there had been some recent delays due to changing care management arrangements. Staff confirmed they were in regular contact with relevant professionals and that any changes would be shared with the relevant professional in a timely manner.

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.

For example patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

There was evidence throughout the home of art work undertaken by patients as part of the activity programme provided.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

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.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients could go out to local shops, and participate in activities in the community. Patients told us that they were encouraged to participate in regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home, and interests they wished to pursue.

It was observed that patients were offered choices 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 gardening, arts and crafts, walking groups and accessing local community facilities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. 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. Mr Daniel Mc Hugh has been the manager and responsible person in this home since it was established. There was evidence that a regular 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.

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. The manager was identified as the appointed safeguarding champion for the home. Staff spoken with showed good knowledge of safeguarding principles.

Review of the home's record of complaints confirmed that there had been no new complaints recorded since the previous inspection. The manager confirmed any complaints would be used as a learning opportunity to improve practices and/or 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 him as supportive, approachable and always available for guidance. Staff said "the manager is very approachable, we are kept well informed. Things work well, it is well structured." Another staff member said "Danny is great, couldn't ask for a better manager".

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, there had been no recent actions identified. The reports were observed as being available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

As a result of this inspection one area for improvement was identified in respect of staff training. Details can be found in the Quality Improvement Plan included.

Patients spoken with said that they were well looked after and felt safe and comfortable in the home. Patients were very complimentary regarding the support and assistance staff provided. Patients looked well presented with obvious time and attention given to personal care. Staff spoke positively about their experiences of working in the home and was observed responding promptly and in a caring manner to requests from patients. Observation of practice confirmed that staff engaged politely and professionally with patients. The home was warm, clean and tidy throughout.

7.0 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.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Henry, person in charge at the conclusion of the inspection and Daniel McHugh registered manager following the inspection. 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 14.2(d) Stated: First time To be completed by: 1 November 2021	The registered person shall ensure all relevant staff complete up to date training in first aid. Ref: 5.2.1 Response by registered person detailing the actions taken: First Aid Training booked for all staff.

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



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