



# Unannounced Follow Up Care Inspection Report 7 January 2020



## Meadows

**Type of Service: Nursing Home (NH)**  
**Address: 15 Newline Road, Richhill, Armagh BT61 9QR**  
**Tel No: 028 3887 0005**  
**Inspector: Julie Palmer**

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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 registered nursing home which provides care for up to 46 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Armagh Care Services  <b>Responsible Individual:</b> Daniel McHugh	<b>Registered Manager and date registered:</b> Daniel McHugh 1 April 2005
<b>Person in charge at the time of inspection:</b> Daniel McHugh-registered manager Aine McSherry-nurse in charge	<b>Number of registered places:</b> 46
<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> 44  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.

### 4.0 Inspection summary

An unannounced care inspection took place on 7 January 2020 from 10.05 hours to 14.40 hours.

The term 'patient' is used to describe those living in the Meadows which provides both nursing and residential care.

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.

The following areas were examined during the inspection:

- staffing- including deployment
- the home's environment
- management of falls
- management of nutritional needs
- the culture and ethos
- governance arrangements

Evidence of good practice was found in relation to staffing, training, the home's environment, management of falls and nutritional needs, the culture and ethos of the home, listening to patients and governance arrangements.

It was positive to note that areas for improvement identified at the previous inspection had been met and no new areas requiring improvement were identified.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Aine McSherry, Nurse in Charge, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 12 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 30 December 2019 to 12 January 2020
- staff training records
- incident and accident records
- three patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- a sample of monthly monitoring reports from September 2019 onwards
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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**

Areas for improvement from the last care inspection dated 12 September 2019		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 46 Stated: First time	The registered person shall ensure that the identified linen room is maintained in a tidy and ordered condition and that items are not inappropriately stored on the floor; continence products should also be stored appropriately in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the identified linen room evidenced that it was tidy, organised and uncluttered; no items were stored on the floor. Continence products were stored appropriately in the home.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time	The registered person shall ensure that in the event of a fall, where a head injury is confirmed or suspected, neurological observations are completed for the full 24 hour period of time following the fall.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that neurological observations were completed for the 24 hour period of time following a confirmed or suspected head injury.	

## 6.2 Inspection findings

### Staffing

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were very satisfied with staffing levels and working relationships within the home; they commented:

- “Brilliant teamwork.”
- “The care assistants are really good at communicating to the nurses.”
- “We all work really well together.”
- “Staff come from different backgrounds and experiences, this works really well.”
- “Danny (the manager) is very supportive and approachable.”

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with indicated they were satisfied with staffing levels. There were no patients’ visitors in attendance during the inspection.

We also sought the opinion of patients and patients’ visitors on staffing levels via questionnaires; no questionnaires were returned.

### Environment

We looked at the home’s environment and reviewed a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining rooms and lounges. The home was found to be warm, well decorated, clean and fresh smelling throughout. Patient’s bedrooms were personalised with items that were meaningful to them. Fire exits and corridors were observed to be clear of clutter and obstruction.

An identified linen room was observed to be tidy, organised and uncluttered; no items were stored on the floor. Continence products were observed to be stored in appropriate areas. This area for improvement had been met.

The manager confirmed that there was an ongoing repair and redecoration plan in the home and also, that items, such as commodes and mattresses, were replaced as necessary. Minor environmental issues brought to the attention of the manager were dealt with either on the day of or following the inspection; the manager confirmed with us that appropriate action had been taken to resolve these issues.

### **Management of falls**

Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall; the relevant risk assessments and care plans were updated in the event of a fall. Review of records evidenced that neurological observations were completed for the 24 hour period of time following a fall. If staff had been unable to record neurological observations for any reason the rationale for this was also included where necessary. This area for improvement had been met. A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary.

### **Management of nutritional needs**

Review of care records, for patients who required a modified diet, evidenced that recommendations from the relevant healthcare professionals, such as the dietician or speech and language therapist (SALT), were included in the pertinent care plans and these were regularly reviewed. We observed that recommendations from SALT, for an individual patient whose care record we had reviewed, were followed during the serving of lunch.

In another care record reviewed, for a patient who required administration of nutrition and fluids via the enteral route, we observed that the total fluid intake for the 24 hour period was calculated. Staff confirmed that record keeping in this area had been reviewed following the last care inspection.

Patients spoken with told us that they enjoyed the food on offer, comments included:

- “The food is really lovely.”
- “The food is great.”

### **Culture and ethos**

During the inspection we spoke with 15 patients about their experience of living in the Meadows. Patients appeared to be content and settled in their surroundings, they spoke positively about life in the home and were chatty and animated.

Staff obviously knew the patients very well and were observed to treat them with dignity, respect and kindness.

Every day, weather permitting, staff accompany those patients who are able and willing on a walk in the local area. Staff and patients told us that they really enjoyed this aspect of the day; they liked the opportunity to get out and about.

A wide range of activities were provided for patients who told us that they were consulted about the type of activities they would enjoy and what their interests included; patients felt listened to. Patients were enabled to attend the local day centre where various classes and activities, for example, computing and crafts, were available. Patients were also provided with opportunities to go on shopping trips, day trips and attend the cinema and concerts.

Staff told us that they maintained strong links with the local community; neighbours called in regularly and local businesses were supportive and welcoming to patients. Patients were also enabled to attend religious services in the local churches.

Comments from patients included:

- “I enjoy going for a walk.”
- “The Christmas play was brilliant, we were all in it.”
- “I love it here, it’s a great place.”
- “This is a lovely home.”

### **Governance arrangements**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered. There had been no change in management arrangements since the last inspection.

Systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, IPC measures, falls and complaints.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed.

There was a system in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Review of the monthly monitoring reports evidenced that an action plan was included where necessary and this detailed identified repairs/improvements, date for completion of same and the named person responsible.

### **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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