



The Regulation and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 21 January 2019



Meadows

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 46 persons.

3.0 Service details

Organisation/Registered Provider: Armagh Care Services Responsible Individual: Daniel McHugh	Registered Manager: Daniel McHugh
Person in charge at the time of inspection: Daniel McHugh	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 46 The home is permitted 3 named residential category residents.

4.0 Inspection summary

An unannounced inspection took place on 21 January 2019 from 09.15 to 15.45 hours.

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 Care Standards for Nursing Homes 2015.

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

The inspection focused on staffing arrangements, activities offered in the home, patients' dining experience and governance arrangements.

Evidence of good practice was found in relation to staffing arrangements, provision of a suitable activity programme, good communication between patients, staff and other stakeholders and maintaining good working relationships.

One area for improvement was identified in relation to the monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 to ensure consistent recording of an action plan, date for completion of this and by whom.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Daniel McHugh, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 2 July 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2018; no areas for improvement were identified. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report

During the inspection the inspector met with nine patients and seven members of staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer.

The following records were examined during the inspection:

- duty rota for all staff from 14 January to 27 January 2019
- incident and accident records from 2 July 2018 to 21 January 2019
- four patient care records
- four patient care charts including food and fluid intake charts
- a sample of governance audits
- a sample of monthly quality monitoring reports from July to December 2018 undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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 the most recent inspection dated 2 July 2018

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 2 July 2018

There were no areas for improvement identified as a result of the last care inspection.

6.3 Inspection findings

6.3.1 Staffing Arrangements

Review of the registered nurse and care staff duty rota from 14 January to 27 January 2019 evidenced that planned staffing levels were adhered to and the nurse in charge was clearly indicated on the rota. The registered manager confirmed that staffing levels were kept under regular review to ensure the needs of patients were met.

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 patients needs in a timely and caring manner. Discussion with staff confirmed that short notice sick leave was covered.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that there was good teamwork and flexibility within the home, comments included:

- "Teamwork is terrific."
- "I get plenty of support from staff nurses."

We also sought staff opinion on staffing via the online survey; one response was received and this indicated the staff member was very satisfied with staffing levels in the Meadows. The responder commented, "Great staff team in the Meadows, excellent communication and all opinions listened to and action taken if required".

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Meadows. We also sought the opinion of patients on staffing via questionnaires; none were returned within the timescale indicated.

Three relative questionnaires were returned within the timescale and indicated they were very satisfied with staffing arrangements.

6.3.2 Provision of Activities

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

On a daily basis staff accompany those patients who wish to participate, weather permitting, on a morning walk to a nearby forest park. On the day of the inspection 21 patients had taken part in the walk returning to the home around 10.00. One patient commented how much he looked forward to "an hour and a half walk every day, rain or shine".

Other activities offered included twice weekly arts and crafts and computer sessions, attendance at a day centre, shopping trips, and a weekly outing for lunch. Staff accompany patients on shopping trips, either individually or in groups, and support them to visit family if that is their choice; transport and supervision is arranged if required.

There was a structured and supportive daily programme on offer in the home reflecting activities which were meaningful and appropriate. In addition to the formal activities offered there were two pool tables in the home for the use of patients as well as televisions in the lounges. The environment had been adapted to promote positive outcomes for the patients.

6.3.3 Meal Time Experience

We observed the serving of the lunchtime meal in the dining room. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

There was both a pictorial and a written menu on display in the dining room which reflected the meal choices on the day and patients were offered an alternative meal if they changed their mind. The food was well presented and appeared nourishing; there was a variety of drinks on offer. If required modified diets were provided; a list of patients who required modified diets was available to catering staff and updated as necessary. Staff demonstrated their knowledge of patients' requirements in this area.

Review of four patient care records and daily care charts evidenced that food and fluid intake were contemporaneously recorded over a 24 hour period and that guidelines from the dietician and the speech and language therapist (SALT) were adhered to where necessary.

6.3.4 Governance Arrangements

As previously stated in Section 5.0, we reviewed accidents/incidents records from 2 July 2018 to 21 January 2019, in comparison with the notifications submitted by the home to RQIA in

accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes. Areas identified for repair/improvement were recorded in the reports; however, the action plans for identified repairs/improvement, date for completion and the person responsible for organising actions were not consistently recorded in the reports.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls, infection prevention and control (IPC) practices and care records.

Areas for improvement

One area for improvement was identified during the inspection in relation to consistent completion of an action plan with a date for completion and person responsible for this in the monthly quality monitoring report.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Daniel McHugh, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that the monthly quality monitoring reports consistently include completion of an action plan for identified repairs/improvements, date for completion of same and the named person responsible.</p> <p>Ref: 6.3.4</p>
	<p>Response by registered person detailing the actions taken: Action Plan in place and has now been updated to include person responsible. All action plans will be completed to detail date for completion & named person responsible.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)

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