

# Unannounced Care Inspection Report

## 21 January 2021



## Meadows

**Type of Service: Nursing Home (NH)**

**Address: 15 Newline Road, Richhill,  
Armagh, BT61 9QR**

**Tel No: 028 3887 0005**

**Inspector: Bronagh Duggan**

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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 nursing home registered to provide nursing and residential care for up to 46 persons. The home comprises of 31 places within the main building and three five bedroom bungalows on the same site.

### 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 01/04/2005
<b>Person in charge at the time of inspection:</b> Daniel Mc Hugh until approximately 16.00 Joanne Henry from approximately 16.00 onwards	<b>Number of registered places: 46</b>  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.
<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> 45

### 4.0 Inspection summary

An unannounced inspection took place on 21 January 2021 from 12.10 to 18.20. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress since the previous care inspection.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

Patients spoken with in keeping with their level of understanding were complimentary about living in the home and their relationships with staff.

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.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Daniel Mc Hugh, 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.

#### 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients individually and others in groups, seven staff and the manager. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards 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.

The following records were examined during the inspection:

- Duty rotas
- Three care records
- Staff professional registration information
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2020.

No further actions were required to be taken following the most recent inspection on 7 January 2020.

## 6.2 Inspection findings

### 6.2.1 Staffing

We arrived at the home at 1210; the manager was in charge of the home. We discussed with the manager staffing levels. Staff duty rotas for the period of 18 January 2021 until 31 January 2021 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the nurse in charge.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. There were no concerns raised by staff regarding staffing levels in the home.

Staff allocation information including one to one supervision arrangements was available for review, records showed this was updated daily. Observations made during the inspection showed patients' needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working within the home and that they were aware of the individual needs of patients.

Comments received from staff included:

- "It's a good place to work, the focus is very much on their (patients) home. Everyone is different, it's important to know them well."
- "We very much focus on the residents, it is all about them and ensuring their quality of life."
- "I really enjoy coming to my work, there is a good team, we are well supported with opportunities to talk about things. With Covid it has been stressful."
- "I love it here, you get very attached to them (patients) staff work really well together."

### 6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique.

Upon arrival the inspector's temperature was recorded. The person in charge advised everyone's temperature was checked and relevant information recorded prior to admission to the home. During discussions staff confirmed all patients and staff had temperatures taken twice daily. Records available in the home confirmed this.

PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff were observed cleaning touch points at different intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required.

### **6.2.3 Environment**

An inspection of the homes environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining areas and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that patient's bedrooms were individualised and reflected personal interests. Patients spoken with in keeping with their level of understanding were complimentary in respect of the home environment.

### **6.2.4 Care delivery**

We observed staff practice in the home; interactions with patients were warm and friendly. Staff showed good knowledge of patient's individual needs. For those patients that were assessed as requiring one to one supervision and support this was observed as being maintained throughout the day.

Patients were well presented with obvious time and attention given to their personal care. Staff explained how patients were supported individually and that they were aware of their personal preferences including likes and dislikes with regards to food, past times, and personal space.

Staff were observed supporting patients with activities, staff advised that opportunities to access local community events had been impacted due to the Covid 19 restrictions however patients were still supported with on-site activities such as gardening, arts and crafts, walking, music sessions, movie nights and going out for drives where possible.

Staff shared that they were aware of the importance of recognising non-verbal forms of communication from patients and explained how changes in patient's behavioural presentation could be a way of patients communicating a change in their needs.

During the inspection patients appeared comfortable and relaxed within their surroundings; staff were available throughout the day to meet their needs.

Comments from patients included:

- “I like it here, this is my home. Im going to stay here forever.”
- “I like living here, I was out this morning for a hot chocolate.”
- “I love it.”
- “I like it here, the food is good.”

### **6.2.5 Care records**

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and daily evaluation records.

We could see care records were generally reviewed and updated on a regular basis. However it was noted that one patient had been absent from the home for a prolonged period of time , it was noted following their readmission the care record for the patient had not been reviewed in a timely manner. An area for improvement was identified.

Review of one care record regarding wound care information showed that wound care records were not maintained in keeping with best practice. This issue was discussed with the manager an area for improvement was identified.

### **6.2.6 Governance and management arrangements**

The manager retains oversight of the home, they are also the responsible individual. Staff spoken with confirmed they were well supported by the manager and were regularly kept informed of changes as they happened. Staff shared that information was readily available regarding Covid 19 guidance. This was placed in an easily accessible part of the home.

We reviewed a sample of audits these included review of accidents and incidents, care plans, clinical procedures, infection prevention and control, and maintenance/estates issues. We could see if any actions were identified, these were followed through accordingly. We discussed with the manager the benefit of reflecting on the accident and incident audits instances when RQIA had been informed.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff professional registration information for the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staffs professional registration, this was reviewed on a regular basis.

There was a system in place regarding the management of complaints. There had been no complaints received since the previous care inspection. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered providers representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.



We reviewed the reports for October, November and December 2020 these assessed the working practices in the home, in addition they included a specific focus for each month and highlighted actions for addressing if needed.

### Areas of good practice

Areas of good practice were identified in relation to interactions between patients and staff, the culture and ethos of the home, taking account of the individual needs of the patients, staffing, the homes environment and governance arrangements.

### Areas for improvement

Two areas for improvement were identified these related to ensuring the identified patients care records were reviewed and updated following readmission to the home and ensuring records maintained in relation to wound care management are in keeping with best practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.3 Conclusion

Patients looked well cared for and spoke positively about living in the home. Staff were observed supporting patients ensuring their privacy and dignity.

Staff spoke positively about working in the home and showed good knowledge of the individual needs of patients. The home was warm, clean and tidy. Staff confirmed the manager was approachable and supportive.

Two areas for improvement were identified in relation to care records.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Daniel Mc Hugh, 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 Homes 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be completed by:</b> 23 January 2021	<p>The registered person shall ensure the identified care records are reviewed in a timely manner following readmission to the home.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Care records are reviewed in a timely manner. Following re-admission there were no changes to this mans care plan. It had been reviewed at the end of December 2020 and was due for review at the end of January 2020. Inspection took place 21<sup>st</sup> January 2021. This was reflected in daily notes. Care plan remained relevant.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 23 January 2021	<p>The registered person shall ensure records regarding wound care are maintained in keeping with best practice.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Tissue Viability Nurse had visited and Tissue Viability report was in place and followed. Turning chart was in place. Air flow matteress was in place. Care plan was reviewed on day of inspection and shown to inspector. This is keeping with best practice.</p>

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



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