

# Inspection Report

**Name of Service:** Meadowbank Care Home

**Provider:** Age NI

**Date of Inspection:** 24 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Age NI
<b>Responsible Individual:</b>	Ms Linda Robinson
<b>Registered Manager:</b>	Mrs Clare Lafferty
<p><b>Service Profile:</b>  This home is a registered Residential Care Home which provides health and social care for up to 25 residents with dementia. The home is divided into three units over one floor. Each unit has its own lounge and dining communal areas which are connected by a central corridor.</p> <p>An enclosed garden is available and accessible for all residents in each of the units.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 September 2025, from 9.45 am to 3.55 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 September 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; care records, quality governance audits, falls management record keeping and the completion of the action within the fire risk assessment.

It was evident that staff promoted the dignity and well-being of residents. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection, five areas for improvement were assessed as having been addressed by the provider. One area for improvement has been stated for a second time and seven areas for improvement relating to medicines management have been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 residents, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "The staff are brilliant here", "I am really happy here", "Everyone is more than good to me" and "This is a great place".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff said there was good teamwork and that the residents were well cared for. Staff told us that the manager was supportive and available for advice and guidance.

Three questionnaires were received from residents who were very satisfied with the overall provision of care. Comments included: "I feel safe just knowing staff are there all the time", "The staff are very good", "I don't know where I would be if it wasn't for the staff here, I'm very lucky", "I am happy here, they (staff) couldn't do enough" and "Care is excellent, it's like a hotel".

## **3.3 Inspection findings**

### **3.3.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

The manager maintained a record of the date that staff supervisions and appraisals were completed. On review of these records, it was evident that not all staff were receiving regular supervisions or a yearly appraisal. Details were discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, mobility aids and assistance from staff. The manager confirmed that staff were using the falls pathway to record post falls observations. A review of a sample of care records, evidenced gaps in the recording of post falls observations. An area for improvement was identified.

Review of the homes falls policy evidenced that the post falls information was not reflective of the pathway that was currently being used within the home. The manager agreed to have this updated and following the inspection written confirmation was received that relevant action had been taken to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a menu on display within each dining room offering a choice of two meals.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. A mealtime co-ordinator was allocated within each of the units to oversee the correct delivery of meals to residents.

Residents commented positively about the food provided within the home with comments such as: “The food is good”, “Plenty of choices”, “The food is better than a hotel” and “The food is nice”.

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display within the home offering a range of individual and group activities such as bingo, board games, gardening, music, hairdressing, relaxation and armchair exercise.

Care assistants completed activities within each of the units and were observed positively engaging with residents and encouraging them to participate in activities. Country music and board games were provided in the morning and relaxation therapy and nail care was provided in the afternoon; residents appeared to enjoy the activities provided.

Some residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “There is always something to do”, “I enjoy the activities” and “Getting well looked after here. Couldn’t be better”.

### **3.3.3 Management of Care Records**

Residents’ needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of two resident’s care records on return from hospital evidenced that their care plans and risk assessments had not been fully and/or accurately updated to reflect the changes made to their care whilst in hospital. Details were discussed with the manager and an area for improvement has been stated for a second time.

Whilst most care records were person centred, well maintained, regularly reviewed and updated, a number of care plans and risk assessments for one resident did not accurately reflect their current care needs. The manager agreed to have these records reviewed and following the inspection, written confirmation was received that relevant action had been taken to address this.

### **3.3.4 Quality and Management of Residents’ Environment**

The home was clean, tidy and well maintained. For example, residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A fire risk assessment was completed on the 20 February 2025. One action was identified to correct gaps at door thresholds throughout. This action had not been completed and an area for improvement was identified. Following the inspection, written confirmation was received that the necessary work would be commenced on the 24 October 2025.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance. Whilst most staff were compliant with IPC best practice, one member of staff did not comply with appropriate IPC measures when removing used clothing from a resident's bedroom. This was discussed with the manager who addressed this and agreed to monitor going forward.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Clare Lafferty has been the Registered Manager in this home since 27 April 2020.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Whilst there was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA; audits were not completed to establish if there were any patterns or trends. An area for improvement was identified.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

The home was visited each month by a representative of the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	8*

\* The total number of areas for improvement includes one standard stated for a second time and three Regulations and four Standards, which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Clare Lafferty, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 August 2025	The registered person shall ensure records for the receipt, administration and disposal of controlled drugs are maintained in a controlled drug record book.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  <b>Ref:</b> 2.0
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 August 2025	The registered person shall ensure eye preparations are administered as prescribed and disposed of at expiry.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  <b>Ref:</b> 2.0
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 August 2025	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls should be detailed in an action plan and addressed.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  <b>Ref:</b> 2.0
<b>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time  <b>To be completed by:</b> 7 August 2025	The registered person shall review the management of medicines prescribed 'when required' for distressed reactions to ensure the reason and outcome of each administration is recorded on all occasions.
	<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>Ref:</b> 2.0

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure person centred care plans are in place for the management of pain and are kept up to date to reflect the resident's current needs.</p> <hr/> <p><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></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person shall ensure the maximum, minimum and current refrigerator temperatures are monitored each day and thermometer reset. Action must be taken if temperatures outside the recommended range (2°C -8°C) are observed.</p> <hr/> <p><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></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2025</p>	<p>The registered person should review the process for reconciling controlled drugs at shift handover to ensure that a physical count occurs on all occasions.</p> <hr/> <p><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></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 24 September 2025</p>	<p>The registered person shall ensure that relevant care plans and risk assessments are updated for any resident being admitted back into the home from hospital, to reflect the resident's current needs.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Care plans and risk assessments are now updated immediately on a residents return from hospital to reflect their current needs</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 24 September 2025</p>	<p>The registered person shall ensure that post falls observations are consistently recorded in accordance with current guidance and the homes own policy.</p> <p>Ref: 3.3.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p>

	Post fall documentation is completed in accordance with the current guidance and the homes policy and senior staff have been retrained on how to complete post falls documentation following an accident.
<b>Area for improvement 7</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 24 October 2025	The registered person shall ensure that the action stated within the fire risk assessment is addressed.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Work is to commence on the 24 <sup>th</sup> October to address the action stated within the fire risk assessment.
<b>Area for improvement 8</b> <b>Ref:</b> Standard 20 <b>Stated:</b> First time <b>To be completed by:</b> 24 September 2025	The registered person shall ensure that audits are commenced in relation to accidents and incidents to review any patterns or trends.  Ref: 3.3.5  <b>Response by registered person detailing the actions taken:</b> An audit tool has been put in place to review for any trends or patterns in relation to falls and actioned where required.

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



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