

Inspection Report

Name of Service:	Meadowbank
Provider:	Ann's Care Homes
Date of Inspection:	30 September 2025

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

1.0 Service information

Organisation/Registered Provider:	Ann's Care Homes
Responsible Individual:	Mrs Charmaine Hamilton
Registered Manager:	Mrs Emma Quigley
<p>Service Profile – This home is a registered nursing home, which provides nursing care for up to 35 patients with a learning disability. The home is situated over one floor with communal bathrooms, dining rooms and lounges. There is an outside area with seating for patient use.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, from 9.50 am to 4.30 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 pharmacy inspection on 16 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next 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 patients, 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

Patients spoken with said that they liked living in the home, staff were looking after them well and the food was nice.

Visitors to the home told us that they could not fault the staff, the staff were very good to their relative, they were kept well informed and had no concerns about the care.

Staff were complimentary about the support from the manager, said that staff worked well together and they were provided with a lot of training for their roles. Staff also said that at times more staff were needed to meet patients' needs. This is discussed further in section 3.3.1.

Discussion with patients and observation during the inspection 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 told us that staff offered choices to patients 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.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction and regular staff training. There was evidence of robust systems in place to manage staff recruitment and training.

Staff said there was good teamwork and that they felt well supported in their role through regular updates and handover reports.

Examination of the staff duty rota and discussions with staff confirmed that the planned number of care staff on duty was not always met. Staff said that at times they can be pushed with not enough staff to assist. This was discussed with the manager for her assessment and will be reviewed at a future inspection.

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered appropriately with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation confirmed that staff attended 'safety pauses' prior to mealtimes to ensure good communication across the team about patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, staff supervision and use of mobility aids.

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 and their diet modified.

Observation of the lunchtime meal and discussion with patients, staff and the manager confirmed that there were robust systems in place to manage patients' nutrition and mealtime experience.

The atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet. The menu board displayed did not show details of the meal choices provided for the lunchtime meal. An area for improvement was identified.

The importance of engaging with patients was well understood by the manager and staff. Observation of the planned activity, crafts and games in the morning and a birthday party in the afternoon, confirmed that staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

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

'Homely' touches such as snacks and drinks were available throughout the day. Artwork undertaken by patients as part of the activity programme provided was displayed.

Corridors and fire exits were free from clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. There was good compliance with attendance at fire training.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practice. Personal protective equipment was readily available throughout the home.

A toilet in the home was observed to be locked preventing patient use. This was discussed with the manager for their attention and will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Emma Quigley has been the manager in this home since 29 July 2021.

In the absence of the manager, there was a nominated nurse-in-charge (NIC) of the home to provide guidance and leadership. The NIC was clearly identified on the duty rota.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

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
Total number of Areas for Improvement	0	2*

* the total number of areas for improvement includes one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Emma Quigley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2025</p>	<p>The Registered Person shall ensure the menu board displays up to date details of the meal choices provided for each meal.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: A staff meeting was held with catering staff on 02/10/25. All pictorial images checked against current menus to ensure that there are two of each available to display in both the Cedar and Oak units. A further meeting is planned for the review of menus to ensure all detail of the meal choices is in place. Menu boards will be updated at 8am each day by the kitchen assistant.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2025</p>	<p>The Registered Person shall ensure that fully completed and accurate personal medication records are maintained.</p> <p>Ref: 2.0 and 5.2.1</p> <hr/> <p>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.</p>

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