

# Inspection Report

**Name of Service:** Meadows

**Provider:** Armagh Care Services

**Date of Inspection:** 22 May 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>	Armagh Care Services
<b>Responsible Individual:</b>	Mr Daniel McHugh
<b>Registered Manager:</b>	Mr Daniel McHugh
<p><b>Service Profile –</b>  Meadows is a registered nursing home which provides nursing care for up to 46 patients who have a learning disability over and under the age of 65. The main care home is over two floors and there are three adjacent bungalows each accommodating up to five patients. Patients have access to communal dining and living areas in each of the buildings. Patients also have access to a well maintained garden area beside the home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 22 May 2025 from 9.45am to 5.15pm 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 9 April 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led.

As a result of this inspection, one area for improvement from the previous inspection has not been met and subsumed into a new area for improvement. All remaining seven areas for improvement from the previous care inspection were assessed as having been addressed by the provider. New areas for improvement were identified in relation to infection control, pressure management and review of patient care records following a period of time away from the home. Full details, including the 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.

Patients said that living in the home was a good experience and relatives were complimentary of the care delivered in the home. Refer to Section 3.2 for more details.

## 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.

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 spoke positively about the care that they received and of the staff who provided care for them. They told us that they were happy living in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving. One told us how much their loved one enjoyed living in the home and that they were always very happy in the home. We received three questionnaire responses from patients' visitors. All responses complimented the care delivery and the staff. Comments included, 'The care provided is excellent', 'The team look after my relative like their own' and, 'All staff members are friendly, professional and approachable'.

Staff told us that they were happy working in the home; felt that they worked well together and that there was enough staff on duty to care for the patients. Staff felt well trained to perform their roles in the home. There were two responses from the staff online survey. Both indicated satisfaction with the care delivery and leadership in the home. One commented, "The residents in the Meadows are all happy. They have a great social life and are integrated into the local community".

### 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 patients. There was evidence of robust systems in place to manage staffing.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork and that they felt well supported in their role. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Patients spoke positively about the care they received from staff.

#### 3.3.2 Quality of Life and Care Delivery

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

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Continence assessments were completed on admission and continence care plans developed to ensure identified needs were met and with the correct aids/products. Bowel management had been monitored well and actions taken where required.

Pressure management risk assessments had been completed to monitor the risk level to the potential of skin breakdown. However, when a pressure risk was identified, a care plan had not been developed to guide staff on how to mitigate the risk. This was discussed with the Nurse in Charge (NIC) and identified as an area for improvement. We also discussed the importance of referencing skin condition as part of the daily evaluation where a risk has been identified.

Inconsistencies were identified in relation to the management of falls. There was gaps in record keeping and patients had not been consistently monitored following a fall in keeping with best practice and the home's fall's policy and procedure. This was discussed with the manager and identified as an area for improvement.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Food served appeared appetising and nutritious. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. Food and fluid intakes were recorded well to identify daily intakes.

Moving and handling risk assessments were completed and mobility care plans identified the correct aids patients required, if any, and the correct number of staff to assist them with their mobility.

Patients confirmed that activities took place in the home and spoke positively of their favourite past times. Several patients attended the day centre and there were daily walking groups. Multiple outings were regularly arranged from the home including for shopping, meals out, dementia friendly cinema and to places of interest. Seasonal parties were held and there was an upcoming visitor bringing reptiles into the home. It was clear that patients were facilitated to enjoy their own personal preferences when it came to activity provision whether that was as part of a group or on a one to one basis.

Relatives told us that staff communicated well with them and were positive in describing their loved one's care. One commented, "Staff took great care to find out about his communication style and his particular interests so they could best cater for his needs". Another commented, "Nothing is too much trouble. As soon as you walk through the doors you can tell that it is a caring environment. The smiling faces on the residents says it all. Great atmosphere".

There was evidence that patient and relative meetings had occurred and patients' views on the service provision was sought through a recent survey.

### 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 the patients' needs. 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. Care plans were person centred. The home was in the process of implementing an electronic record keeping system.

Risk assessments and care plans were reviewed regularly to ensure that they remained up to date. However, an area for improvement was made to ensure that, following a period of time away from the home, patient care records were evidenced as reviewed to ensure changes to care were documented or no changes to the records were required. Care records were stored securely.

Supplementary care records were maintained to evidence, for example, personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

Nurses completed daily progress notes to monitor and evaluate the care delivered to the patients in their care. The majority of evaluations were meaningful and reflected the information on the supplementary care records.

### 3.3.4 Quality and Management of Patients' Environment Control

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were clean, well decorated, suitably furnished, warm and comfortable.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Infection control audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home. However, several staff were observed wearing wrist jewellery and/or gel nails which would inhibit effective hand hygiene. This was discussed with the NIC and identified as an area for improvement.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Daniel McHugh has been the Registered Manager since 1 April 2005. Staff commented positively about the manager and described him as supportive, approachable and always available to provide guidance.

In the absence of the manager there was a nominated NIC to provide guidance and leadership. The NIC was clearly identified on the duty rota.

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.

There were no ongoing or recent complaints. We discussed that any area of concern brought to management attention should be recorded as a complaint. A compliments file was maintained to capture compliments received and these were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

**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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	2*	2

\*The total number of areas for improvement includes one that has been subsumed into a new area for improvement.

Areas for improvement and details of the Quality Improvement Plan were discussed with Alison Winter, Nurse in Charge, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2025</p>	<p>The registered person shall review the management of falls in the home in relation to the following:</p> <ol style="list-style-type: none"> <li>1. the home’s falls policy is in line with best practice/guidance</li> <li>2. where a risk of falls is identified, a dedicated fall’s care plan is in place.</li> <li>3. falls’ risk assessments and care plans are reviewed and updated following any fall in the home.</li> <li>4. The monitoring of a patient following a fall is in line with the home’s fall’s policy and procedures.</li> <li>5. A 24 hour post fall’s review is conducted to ensure that the correct actions are taken and the correct persons notified after the fall.</li> </ol> <p>Ref: 2.0 and 3.3.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The updated Post Falls Guidance for Care Homes issued by RQIA 01/07/25 has been issued to all Senior Staff. Training / staff discussions have taken place with regards to this guidance to ensure that all staff are aware / following same.</p> <p>Further training has been completed for all senior staff members provided by the Health &amp; Social Care online platform, on:-</p> <ul style="list-style-type: none"> <li>- Falls in Care Home Settings - Regional Awareness Targeted Module</li> <li>- Falls: Universal Module - Regional Awareness.</li> </ul>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (22 May 2025)</p>	<p>The registered person shall ensure that patient care records are reviewed on return from a period of time in hospital to ensure that they remain relevant to current care needs.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Care Plan in question has been updated to reflect any changes in care.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (22 May 2025)</p>	<p>The registered person shall ensure that where a risk of pressure damage is identified, a pressure management care plan is developed to guide staff on how to maintain skin integrity.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Where a risk of pressure damage is identified a care plan will be developed to guide staff on how to maintain.</p> <p>At this time we have no residents that this applies to.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (22 May 2025)</p>	<p>The registered person shall ensure that staff remain bare below the elbow in areas where care is provided in order to ensure effective hand hygiene.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have had further training in Infection Prevention Control (Tier 1 &amp; 2) through the Health &amp; Social Care Online training platform with the SH&amp;SCT</p> <p>This will also continue to be monitored by the Nurse In Charge and monthly Infection Control Audits.</p>

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



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