The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Meadowview Care Home**

Provider: **Kathryn Homes Ltd**

Date of Inspection: **11 November 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:	Kathryn Homes Ltd
Responsible Individual:	Mrs Tracey Anderson
Registered Manager:	Ms Charlotte Brazil
Service Profile This home is a registered residential care home which provides health and social care for up to 54 persons who are living with dementia. Care is provided over two floors and all residents are accommodated in single rooms with ensuite facilities. Residents also have access to communal and dining areas.	

2.0 Inspection summary

An unannounced care inspection took place on 11 November 2025 from 9.40am to 4.10pm, by two care inspectors.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be clean and well maintained. Bedrooms were personalised to reflect the residents' interests. Corridors were clear and unobstructed.

Residents stated that they were well looked after in the home and advised that the staff were kind to them.

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

Full details, including five 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 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. Comments included: "the staff are good and kind, the food is good too." "It is good place here, we are well looked after. There is enough staff on duty and they check up on you all the time. The food is good." "We all get on well and there is always lots to do in here." "I am very happy here; the staff are very quick if you want anything."

Staff spoke positively in terms of the provision of care and advised that there was good care provided in this home. Staff told us that the management team was supportive and available for advice and guidance.

One relative spoken with commented that the staff were friendly in their approach, that their relative was well cared for and that there was good communication from the staff team.

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. However, it was noted that there was not sufficient compliance with staff training in first aid. This was identified as an area for improvement.

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 there was a good standard of care provided in this home.

It was noted, that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care, that they needed to assist them in their caring roles. During the day staff also take part in a flash meeting to ensure any further changes are communicated.

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 resident's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known. This was evident throughout the day.

At times, some residents 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 residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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.

Observation of the serving of the lunchtime meal confirmed that enough staff were present to support residents with their meal and that the food served appeared appetising and nutritious. The atmosphere was calm and organised. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager, staff and activity therapist. An activity timetable was on display in communal areas offering a range of individual and group activities such as Christmas art project, dementia choir as well as arts and crafts and music activities. Residents praised the activity provision with one resident commenting that it had a positive impact on their life.

Discussion with the activity therapist demonstrated that they were keen to ensure that there was something for everyone to be involved in. The residents were in the process of putting up the Christmas decorations, while others were being supported to go out for coffee. Arrangements were in place to take the residents out to a local concert in the theatre.

For those residents who preferred not to participate in the planned activity; staff were observed sitting with them and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. Residents commented that there was always something to do.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

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.

Overall care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. However it was noted that one care record did not consistently reflect the recommendations from the speech and language therapist in relation to prescribed modified diets. This was identified as an area for improvement.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was noted that cleaning products, toiletries, food and drink supplies were accessible to residents. Furthermore, the boiler room and a store for Christmas decorations were all unsecured; this all posed a potential risk to residents. This was brought to the attention of the manager and actioned immediately. This was identified as an area for improvement.

While there was a system in place to manage infection prevention and control; it was noted that there was excessive use of gloves by staff and staff were observed wearing gel nail polish. This was 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. Ms Charlotte Brazil is the registered manager of the home.

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

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 manager 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 in the home.

Review of the system of recording complaints identified that this needs to be improved to include details of the investigation, outcome, level of satisfaction and resolution. This was identified as an area for improvement.

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	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Charlotte Brazil, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** As from the date of this inspection (12 November 2025)	The registered person shall ensure that all potential risks to residents are minimised. This relates specifically to securing of food, drinks, toiletries, cleaning products, and all store rooms, as well as the boiler room. Ref: 3.3.4
	Response by registered person detailing the actions taken: All food and drinks are placed in beside cabinets which there are keys for- ensuring safety whilst maintaining individual residents right to private life. Staff to ensure that all cupboards and store rooms are locked at all times and this is checked on daily walkrounds by Manager, Deputy Manager and CTL in charge of each unit. Supervisons have been completed with all care staff to ensure they understand the rationale for all cupboards and store rooms being locked at all times.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 11 December 2025	The registered person shall ensure that there is improved staff compliance with first aid training. Ref: 3.3.1
	Response by registered person detailing the actions taken: Face to face training has been booked and all staff have been rostered to ensure they can attend. Staff have been informed that this training is mandatory with a requirement to meet their professional and contractual obligations. All non attendance will be addressed via HR procedures.
Area for improvement 2 **Ref:** Standard 6.2 **Stated:** First time **To be completed by:** 25 November 2025	The registered person shall ensure that care records consistently reflect the prescribed care arrangements from professionals. This relates specifically to those who require a modified diet. Ref: 3.3.3
	Response by registered person detailing the actions taken: Care Plan audits are completed monthly by home and deputy manager. All those on modified diets will be reviewed as part of this process. A supervision has been completed with all CTL's regarding the importance of ensuring that all updates to speech and language recommendations are triangulated through careplans, handovers and all other relevant documents. Flash meetings now have a focused section on speech and language recommendations.
Area for improvement 3 **Ref:** Standard 35.1 **Stated:** First time **To be completed by:** As from the date of this inspection (12 November 2025)	The registered person shall ensure that there are adequate systems in place to have oversight of staff compliance with infection prevention and control. This relates specifically to the staff use of gel nails and overuse of gloves. Ref: 3.3.4
	Response by registered person detailing the actions taken: Supervisions have been completed with all staff. Regular checks from Manager and Deputy Manager at handovers and Flash meetings. All staff are aware of the requirement around bare below the elbow, this is now monitored with daily hand hygiene and PPE audits. All non compliance will be addressed via the HR process.

Area for improvement 4 **Ref:** Standard 17.10 **Stated:** First time **To be completed by:** As from the date of this inspection (12 November 2025)	The registered person shall ensure that the system for recording complaints is improved to detail the following: details of the investigation, outcome, level of satisfaction and resolution. Ref: 3.3.5
	Response by registered person detailing the actions taken: New documentation as per Regional complaints policy implemented. This now ensures that all details in relation to complaints and their management are recorded accurately with clear evidence of level of satisfaction

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