The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Meadowbank**

Provider: **Ann's Care Homes**

Date of Inspection: **7 May 2026**

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

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 are outside areas with seating for patient use.

2.0 Inspection summary

An unannounced inspection took place on 7 May 2026, between 9.45 am and 7.25 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 30 September 2025 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that compassionate care was delivered and it was evident that staff promoted the dignity and well-being of patients. Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be well presented, 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 one area for improvement was assessed as having been addressed by the provider. One area for improvement in relation to medicines management has 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 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 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. Patients' comments included: "I like the nurses here", "They (staff) are all very good", "I am happy here" and "I like it here".

Staff said the manager was very approachable, teamwork was great and that they felt well supported in their role. Staff comments included: "The manager is the absolute best", "I love it here", "Staff morale very high at the moment" and "Staffing levels are good here".

The inspector spoke with five relatives and a visiting professional during the inspection. Comments included: "The staff are fantastic here", "The staff make you feel so welcome", "I feel content leaving, knowing that my (relative) is getting well cared for here", The manager is very good and always communicates any concerns/issues and addresses them straight away", "They keep the home clean and tidy" and "The manager is amazing".

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.

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

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.

3.3.2 Quality of Life and Care Delivery

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

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 patients 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. Review of a sample of patient care records evidenced that a number of entries within recording charts exceeded the recommended frequency of repositioning. It was further identified that a record of repositioning was not being completed for one patient despite being stated within their care plan. An area for improvement was identified.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. A menu was on display offering a choice of two meals.

The nurse within each of the units were allocated to oversee the correct delivery of meals to patients. During the lunch time meal, one of the nurses was called away to attend to another matter. A discussion was held with the management team regarding the delegation of this role to another suitable member of staff if the nurse is otherwise engaged. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Patients commented positively about the food provided within the home with comments such as: “The food is good here” and “I like the food here”.

The importance of engaging with patients was well understood by the manager and staff. A schedule of activities was on display within the home offering a range of individual and group activities such as music, singing and exercise, movies, table top games, planting and bingo. Board games were provided in the morning; pot planting and bingo was provided in the afternoon. Patients appeared to enjoy the activities provided.

The activity coordinator was very enthusiastic in her role and was observed positively engaging with patients and encouraging them to participate in activities. One relative said: “The activity person is amazing”. Care assistants were also observed positively interacting with patients through a range of activities.

Some patients were engaged in their own activities such as; watching TV, resting or chatting to staff and arrangements were in place to meet patients’ social, religious and spiritual needs within the home.

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.

Whilst the majority of care records were person centred, regularly reviewed and updated to ensure they continued to meet the patients’ needs; a number of care plans for patients receiving one to one supervision did not provide sufficient details regarding the reason for enhanced supervision and/or the duration of supervision required. It was further identified that one patient receiving one to one supervision did not have a care plan in place to direct staff. Details were discussed with the management team and an area for improvement was identified.

3.3.4 Quality and Management of Patients’ Environment

The home was fresh smelling, neat and tidy and patients’ bedrooms were found to be personalised with items of memorabilia and special interests. Bedrooms and communal areas were clean, tidy and comfortable.

Whilst most areas of the home were suitably furnished, warm and comfortable, a number of walls required painting and surface damage was evident to identified floor coverings, bedroom furniture, doors and architraves. Details were discussed with the management team who advised that painting was ongoing throughout the home and that most of these environmental issues had already been identified through their auditing systems, which were in the process of being addressed. Progress with this will be reviewed at a future inspection.

A number of other environmental shortfalls were identified requiring either repair and/or replacement; specific details were discussed with the management team who agreed to have these reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address these findings.

A number of fire doors were obstructed resulting in them not being able to fully close in the event of a fire alarm sounding. Details were discussed with the management team and an area for improvement was identified.

A Fire Risk Assessment (FRA) had been completed on the 30 October 2025 and any recommendations from this had been signed by management as completed.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, staff did not take opportunities to apply and remove personal protective equipment (PPE) during certain care interventions or to wash their hands particularly after contact with the patient's environment and following removal of PPE. It was further identified that two staff were not bare below the elbow. Two areas for improvement were identified.

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 19 July 2021.

Patients and 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. 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 by 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
Total number of Areas for Improvement	2	4*

* The total number of areas for improvement includes one standard that has been carried forward for review at a future medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 27 (4) (b) **Stated:** First time **To be completed by:** 7 May 2026	The registered person shall ensure that fire doors are not obstructed. Ref: 3.3.4
	Response by registered person detailing the actions taken: Home Manager discussed this area with staff at a Health and Safety meeting, held on 08 05 2026. Fire doors are checked during a daily walkabout to ensure they are not obstructed.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 7 May 2026	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. This area for improvement relates to the following: • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene Ref: 3.3.4
	Response by registered person detailing the actions taken: A staff meeting was held on 08 05 26 where both these areas were discussed. Daily monitoring will be continued by Home Manager and Nursing staff to ensure compliance with the appropraite use of PPE and handwashing. An audit for same will be completed on a weekly basis for a period of 2 months and then revert back to monthly.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** Second time **To be completed by:** 16 July 2024	The registered person shall ensure that fully completed and accurate personal medication records are maintained.
	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. Ref: 2.0
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that patients are repositioned as per the recommended timeframe within their care plan and evidence of this is reflected within corresponding repositioning charts.

To be completed by: 7 May 2026	Ref: 3.3.2
	Response by registered person detailing the actions taken: A staff meeting was held on 08 05 26 where this area was discussed. All care plans were reviewed to ensure that the frequency of repositioning is recorded and is appropraite to each resident's needs. The repositioning charts are checked on a daily basis at handover reports.
Area for improvement 3 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 7 May 2026	The registered person shall ensure that for any patient receiving one to one supervision a care plan is in place to provide sufficient details regarding the reason for and duration of the one to one supervision. Ref: 3.3.3
	Response by registered person detailing the actions taken: One to one care plans have all been reviewed and now include the specific reason for and the duration of the one to one supervision. Staff have been advised to ensure going forward all one to one care plans provide this detail.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 7 May 2026	The registered person shall ensure that all staff are bare below the elbow in accordance with IPC best practice and guidelines. Ref: 3.3.4
	Response by registered person detailing the actions taken: A staff meeting was held on 08 05 26 where this area was discussed. Daily monitoring will be continued by Home Manager and Nursing staff to ensure compliance with the uniform policy and specifically being bare below the elbow.

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

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