

Inspection Report

Name of Service:	Meadows
Provider:	Armagh Care Services
Date of Inspection:	9 June 2026

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1.0 Service information

Organisation/Registered Provider:	Armagh Care Services
Responsible Individual:	Mr Daniel McHugh
Registered Manager:	Mr Daniel McHugh
Service Profile – Meadows is a registered nursing home which provides nursing care for up to 46 patients who have a learning disability under and over 65 years of age. 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 living and dining areas in each of the buildings. Patients also have access to a well maintained garden area beside the home.	

2.0 Inspection summary

An unannounced inspection took place on 9 June 2026 from 9.20am to 4.45pm 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 10 February 2026; 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.

Patients spoke positively when describing their experiences of living in the home. Refer to Section 3.2 for more details.

As a result of this inspection three areas for improvement from the previous care inspection were assessed as having been addressed; three areas stated for the second time, one carried forward to the next inspection for review and two new areas for improvement were identified. Details can be found in the main body of the 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 were well presented in their appearance and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One told us, "This is a great place. The staff are good". Another commented, "I am happy here; I like the staff and I like my room". We received no questionnaire responses from patients or relatives.

Staff told us that they were happy working in the home and enjoyed engaging with the patients. They felt that they worked well together and were supported by management to do so. There were three responses from the staff online survey. All respondents were very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. Respondents described a supportive environment for both staff and patients and spoke of the variety of activities on offer to enhance the lives of the patients. All agreed that Meadows was a good place to work.

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. All appropriate recruitment safety checks had been verified prior to staff commencing in post.

Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements. Staff were trained on a range of topics including learning disability awareness, dementia care, epilepsy management and self-harm.

Staff told us that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements. Staffing levels fluctuated daily depending on the planned activities and outings.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Minutes of staff meetings were available to all staff to aid in the communication within the home.

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.

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences. Interactions between staff and patients were noted to be caring and compassionate. Patients spoke fondly about the staff.

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. Patients told us that they had choice in where and how they spent their day, what they wore and what they had to eat.

Staff confirmed that they received a detailed handover at the commencement of their shift and the information shared included important aspects of patients' needs, especially changes to care.

Staff confirmed that they checked patients skin regularly and those who required special attention with skin care were assisted by staff to change their position, however, pressure management risk assessments had not been completed monthly and, where a risk was identified, a care plan had not been developed to mitigate the risk. An area for improvement in this regard was stated for the second time.

Patients had good access to food and fluids throughout the day and night. Patients were safely positioned for their meals and the mealtimes were appropriately supervised. The menu offered a choice of meals. Staff communicated well to ensure that every patient received their meals in accordance with their assessed needs. Food was only served when the patients were ready to eat their meal. The meals served appeared appetising and nutritious. Staff sat with patients when providing assistance and assistance was given in an unhurried manner. Patients enjoyed their meal and spoke positively of the quality of their meal. Nutritional assessments were conducted monthly to monitor for weight loss and/or weight gain.

Activities for patients were provided incorporating both group and one to one activities. Some patients availed of day opportunities and there were regular outings from the home. Staff knew the patients well and each person's activity was based around their interests. Birthdays and annual holidays were celebrated. Records were kept of all activity engagements with patients.

Patients meetings were held monthly and well attended. Patients had the opportunity at the meetings to discuss what they liked and what they would like to do in future.

Relatives' feedback on service provision had been sought. The findings had been accumulated and a report identified the actions taken as a result of the findings.

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. Risk assessments and care plans were reviewed regularly, although, care plans had not been reviewed when patients returned to the home following a period of time in hospital. An area for improvement in this regard was stated for the second time. Care records were stored securely.

Supplementary care records were maintained to evidence the care delivered to patients. The records included personal care delivery, food and fluid intake, repositioning, checks made on patients and continence care.

The daily nursing evaluation of care delivery during the shift had been completed, on several occasions, within four hours of the shift start time; there were no additional entries to evidence the care delivered later in the day or night. This was identified as an area for improvement.

A new electronic recording system was in place from September 2025. Staff confirmed that they had received training on the system prior to implementation.

3.3.4 Quality and Management of Patients' Environment

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Storage and communal rooms were maintained clean and tidy. There were no malodours in the home.

Externally the home was well maintained. There were garden areas where patients could sit outside or walk around.

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 safety training and fire safety checks were regularly conducted.

Records had not been maintained of visitors to the home since 2022. This was discussed with the manager and identified as an area for improvement.

Monthly infection control and environmental audits were completed to monitor the environment and staffs' practices. All staff were bare below the elbow, in areas where care was delivered, enabling them to perform effective hand hygiene as necessary. Personal protective equipment and hand hygiene facilities were readily available throughout the home.

Fridge temperatures in the clinical room had been monitored daily, however, there were frequent occasions where the temperature fell below the recommended 2 – 8 degrees centigrade and corrective actions had not been recorded. This was discussed with the manager and an area for improvement in this regard stated for the second time. Medicines management had been audited well and the dates when medications were opened had been recorded.

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 of the home since 1 April 2005. Mr McHugh is also the responsible individual for the home. Staff commented positively about the manager and described him as supportive, available and approachable.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. A suite of audits was completed monthly. Accidents and incidents were monitored monthly for pattern and trends to see if any future falls could be prevented. RQIA were notified appropriately of relevant accidents and incidents pertaining to the home.

There were no recent or ongoing complaints relating to the home. There was a system in place to manage any complaints received. A compliments file was available with cards and letters of thanks. All compliments received 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.

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	3*	3*

*The total number of areas for improvement includes three that have been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Daniel McHugh, Registered Person, 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 Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: 30 June 2025	The registered person shall review the management of falls in the home in relation to the following: 1. The home's falls policy is in line with best practice/guidance 2. Where a risk of falls is identified, a dedicated fall's care plan is in place. 3. Falls' risk assessments and care plans are reviewed and updated following any fall in the home. 4. The monitoring of a patient following a fall is in line with the home's fall's policy and procedures. 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. Ref: 2.0
	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.
Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: With immediate effect (9 June 2026)	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. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Regardless of change, every care plan and assessment is now reviewed within 24 hours of discharge from hospital. Any amendments will be incorporated.
Area for improvement 3 Ref: Regulation 19 (2) Stated: First time To be completed by: With immediate effect (9 June 2026)	The registered person shall ensure that a record of all visitors to the home is maintained. Ref: 3.3.4
	Response by registered person detailing the actions taken: A visitors book has always been in place but not always been signed. Notices have been put in place in all areas of the building to remind them to sign the visitors book. All staff have also been made aware of the importance of ensuring this takes place. .

Action required to ensure compliance with the Care Standards for Nursing Homes, December 2022	
Area for improvement 1 Ref: Standard 30 Stated: Second time To be completed by: With immediate effect (9 June 2026)	The registered person shall take robust action to ensure the medicines refrigerator remains within the recommended temperature range of 2 to 8°C. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: The refridgerator is working perfect. When it has been low, the reasons were not recorded e.g. needing defrosted or temperature needs calibrated. All trained staff have been made aware.
Area for improvement 2 Ref: Standard 23 Criteria (2) Stated: Second time To be completed by: With immediate effect (9 June 2026)	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. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: If Braden Scale reading is medium to high - an at risk care plan has now been introduced.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (9 June 2026)	The registered person shall ensure that nursing staff evaluate care in a meaningful manner that is person centred. Ref: 3.3.3
	Response by registered person detailing the actions taken: Enteries are being made throughout the day and an additional summary has been introduced towards the end of shift.

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