



Unannounced Care Inspection Report 7 May 2019



Meadowview Care Home

Type of Service: Residential Care Home
**Address: 2A Ashbourne Manor, Chanterhill,
Enniskillen, BT74 4BB**
Tel no: 028 6632 5500
Inspector: John McAuley

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 54 residents. The home is divided into two units. One is registered for 25 residents under the category of care of old age not falling within any other category and the other for 29 residents within the dementia category of care.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Heather Johnston 25 January 2019
Person in charge at the time of inspection: Heather Johnston	Number of registered places: 54 Including 29 - RC - DE on first floor and 25 – RC - I on ground floor.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

Meadowview Care Home was first registered and opened for admissions on 25 January 2019. This inspection is the first inspection since registration and the admission of residents continues to be phased to ensure safe and effective admissions. The phasing of admissions is part of the requirements of RQIA when a new home is opened.

This unannounced inspection took place on 7 May 2019 from 10.15 to 14.30 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, and supervision. Care records, audits and reviews were evidenced to be well maintained. The management arrangements are found to be robust with strong working relationships with staff and the development of a quality staff team.

The environment was clean, tidy and decorated and furnished to a high standard with good adherence to infection prevention and control practices.

Residents described living in the home as being a good experience/in positive terms. Some of the comments included;

- “I’m grand. I like it here”
- “It’s lovely here”

Residents who could not clearly articulate their views were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Additional comments received from residents, people who visit them and/or professionals and staff during the inspection, are included in the main body of this report.

One area of improvement was identified during this inspection. This was in relation to putting in place adequate provision of date memoir aids.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) was discussed with Heather Johnston, registered manager, as part of the inspection process. The timescale for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 11 January 2019

The most recent inspection of the home was an announced pre-registration premises inspection undertaken on 11 January 2019. No further actions were required to be taken following the most recent inspection on 11 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received, for example notification of incident reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- staff supervision and appraisal schedule
- a sample of a staff member's competency and capability assessment
- two staff recruitment and induction records
- two residents' records of care
- complaint records

- compliment records
- a sample of governance audits/records
- a sample of policies and procedures pertaining to safeguarding and infection prevention and control
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 January 2019

There were no areas for improvements made as a result of the last care inspection (pre-registration).

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. Staffing levels are also reviewed in line with the phased admission process maintained in the home. No concerns were raised regarding staffing levels during discussion with residents, two visiting relatives and staff.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home on the day of the inspection.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A sample of two staff members' induction records were inspected and were found to be comprehensive and detailed.

Discussions with staff confirmed that all mandatory training had been completed prior to the opening of the home. Added to the mandatory training staff also received training in a varied holistic aspect on residents' health care and well-being needs. A schedule for regular mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

We examined the competency and capability assessments undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager. These were found to be appropriately maintained and satisfactory.

A sample of two staff members' recruitment records were examined and confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Audit arrangements for confirming staff registration with the Northern Ireland Social Care Council (NISCC) were examined and found to be satisfactory. Discussions with care staff also confirmed their knowledge and understanding of their obligations with registration with the NISCC.

The home's adult safeguarding policy and procedure was examined. It was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff discussed their awareness of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). Staff demonstrated their knowledge of adult safeguarding principles to the inspector and were aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

An examination of accident and incidents notifications from the date the home opened to present, care records and complaints records confirmed that all were managed appropriately and that staff were vigilant to potential safeguarding issues.

The registered manager confirmed there were risk management procedures in place relating to the safety of some individual residents.

Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The registered manager carries out a pre-admission assessment on any potential resident to the home to determine whether the home can meet the assessed needs. There was evidence that the registered manager was robust in her pre admission criteria to ensure that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed that some restrictive practices were undertaken within the home, notably a keypad system and the use of sensor alarm mats. We examined care records and confirmed that such restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was a system of referral to the multi-professional team evidenced to be used when required. The registered manager confirmed there were risk management policy and procedures in place. Review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and a regular review schedule was established. For example, a risk was identified with a resident(s) walking into a glass/clear door which was rectified by a picture on the door to highlight the door/partition.

The home's infection prevention and control (IPC) policy and procedure was examined and found to be in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Staff discussed IPC with the inspector and it was clear from this and observation of delivery of care that they were

knowledgeable and had embedded the IPC training into practice. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. An infection prevention and control audit was implemented on 30 April 2019 with an action plan put in place to address any issues of improvement identified. The issues identified had corresponding statements recorded that they had been actioned and by whom and when.

The registered manager reported that there had been no outbreaks of infection; and that any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a high standard of décor and furnishings being maintained. Communal areas were comfortable and nicely furnished. Residents' bedrooms were decorated to a high standard and personalised as per individualised choice.

Inspection of staff training records confirmed that all staff are in receipt of fire safety training and fire safety drills. The last fire safety drill was on 13 March 2019. Records were retained of staff who participated, and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of a sample of two residents' care records was undertaken. These were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect(s) of same. Discreet observations of moving and handling care practices found these to be appropriate and time sensitive to residents' needs.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Discussions with a visiting healthcare professional at the time of this inspection were positive and complimentary about the provision of care and general atmosphere in the home.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were aware of residents' preferences, as well as their needs and gave examples of how daily routines were flexible to ensure an individualised delivery of care.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. An examination of audits of care plans, care reviews, accidents and incidents (including falls), evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

There was strong evidence that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Residents spoken with and observation of practice evidenced that staff had built good supportive relationships with residents and the staff communication skills were very good.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions were undertaken with all residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments included;

- “I’m grand. I like it here”
- “It’s lovely here”
- “Everyone is wonderful. No complaints”
- “I am very happy here.”

Two visiting relatives also voiced praise and gratitude for the provision of care and the kindness and support received from staff. Some of the comments made included;

- “Brilliant! The place is bright, airy and lovely staff”
- “I feel much happier in myself since he/she has been here because I couldn’t have done it. The care is very good and he/she is much better for being here.”

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of respect and dignity, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home. For example some residents’ bedrooms displayed religious artefacts and staff also spoke about visits by local clergy persons.

There was good provision of clocks throughout the home but no date memoir boards to aid residents’ date orientation. This has been identified as an issue of improvement in accordance with best practice in dementia care.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were polite and friendly. There was a good ambience in place and residents were found to be comfortable and content. Residents were at ease and comfortable in their interactions with staff and their attire was appropriate with evidence of obvious attention to grooming and personal care.

Residents validated that they felt listened to, valued and communicated with in an appropriate manner. Residents also confirmed that their views and opinions were taken into account in all matters affecting them. Records of residents’ meetings, care review meetings and day to day contact with management were well maintained.

Discussion with staff and residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents were relaxing, watching television and/or engaged in pastimes of choice. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

One area of improvement was identified in relation to putting in place adequate provision of date memoir aids.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager outlined the management arrangements and governance systems in place within the home and confirmed that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

There was clear guidance available to assist residents should they feel it necessary to make a complaint by way of the Residents Guide.

Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was maintained and the registered manager demonstrated good governance in respect of this.

The registered manager confirmed that the home was using the "Falls Prevention Toolkit" to improve post falls management within the home.

We evidence that there were quality assurance systems in place to drive quality improvement in the home. These included regular audits such as infection prevention and control, medicine management and stock control, falls, skin care and resident care records.

There was a robust system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines were made available to staff.

An inspection of staff training records found that the training needs of staff were up-to-date and reviewed regularly to ensure compliance and competencies. At the time of this inspection a group of staff were attending additional training in regards to the mobile care monitoring system, which was the electronic tool used for recording residents' care and well-being.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months (24 April 2019, 25 March 2019 and 26 February 2019) reports were inspected. These reports were informative, detailed and good evidence of governance. All these visits were unannounced. The report was made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff confirmed that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management.

Discussions with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions raised. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one Area of improvement identified during this inspection is detailed in the QIP. Details of the QIP was discussed with Heather Johnston, registered manager, as part of the inspection process. The timescale commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2019</p>	<p>The registered person shall put in place adequate provision of date memoir aids.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Memoir boards are now in place.</p>



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