



Unannounced Care Inspection Report 8 August 2019



Meadowbank Care Home

Type of Service: Residential Care Home
Address: 2 Donaghane Road, Omagh, BT79 0NR
Tel No: 028 8224 2868
Inspector: Laura O'Hanlon

www.rqia.org.uk

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 25 residents.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager and date registered: Clare Lafferty – acting no application required
Person in charge at the time of inspection: Clare Lafferty	Number of registered places: 25
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 23

4.0 Inspection summary

An unannounced inspection took place on 8 August 2019 from 10.20 to 16.00.

The inspection assessed progress since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates inspection have been reviewed and validated as required.

Evidence of good practice was found in relation to staff training, supervision and appraisal and the management of accidents and incidents.

One area for improvement from the previous inspection was stated for the second time. Three new areas requiring improvement were identified in relation to infection prevention and control, fire safety and care records.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*3

*The total number of areas for improvement include one area which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Clare Lafferty, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019. No further actions were required to be taken following this inspection.

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 registration information, and any other written or verbal information received.

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 were examined which included:

- staff duty rotas
- staff training schedule
- staff supervision and annual appraisal schedules
- two staff competency and capability assessments
- one staff recruitment and induction record
- three residents' records of care
- minutes of staff meetings

- fire safety records including fire safety risk assessment ,fire drills and checks undertaken of fire-fighting equipment, alarm system, emergency lighting, fire doors,
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 7 November 2018

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement three out of four were met. One area for improvement was stated for the second time.

Areas of improvement generated from previous estates inspection were also validated.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time	The registered person shall ensure that emergency lighting checks are undertaken and recorded in accordance with the fire risk assessment.	Met
	Action taken as confirmed during the inspection: A review of fire safety records confirmed that emergency lighting checks were undertaken and recorded in accordance with the fire risk assessment.	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the placement for one resident is reviewed to confirm that it effectively meets the assessed needs of the resident.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager confirmed that this identified placement was reviewed and this resident no longer resides in the home.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that AccessNI information is recorded and managed in line with best practice.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of one recent recruitment record confirmed that AccessNI information was not recorded and managed in line with best practice.</p> <p>This area for improvement was stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the practice of leaving sensor mats lying on the ground when not in use, is reviewed due to the potential trip hazard for residents</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that sensor mats were stored safely within residents' bedrooms.</p>	<p>Met</p>

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.

On arrival at the home we observed staff in various areas assisting residents with their personal care and serving breakfast. The atmosphere with the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

Staff told us they came on duty at 7.45 hours each day to allow for the night shift to provide their hand over which included how residents slept and any changes or issues arising. Staff also received their allocated duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day. Discussion with the staff on duty confirmed they were satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained.

The manager confirmed the staffing levels in the home were reviewed in accordance with the needs and dependencies of the residents. Review of the staff duty roster evidenced the named staff on duty, shifts worked, capacity in which staff worked and who was in charge. Duty rotas accurately reflected the staffing levels explained by the manager and staff.

We spoke with the residents and we were informed that they felt safe in the home. The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night.

We reviewed two staff competency and capability assessments which are completed to provide assurances in the absence of the manager. These assessments were found to be reviewed annually and were satisfactory.

The manager advised that staff recruitment records are retained centrally in the human resources department and that they are provided with a recruitment checklist to ensure they have oversight of this process. Review of one staff recruitment checklist confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. However the certificate number for the Enhanced AccessNI disclosures was not recorded. This area for improvement was stated for the second time.

Staff said they felt they had a good induction and were competent to work in the home with good training provided alongside support and encouragement from management. A review of an induction programme and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The manager explained the arrangements in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). This was undertaken by the company in terms of issuing a reminder to the employee. The need to establish a system to ensure that the manager has oversight of this information for monitoring purposes was discussed and actioned during the inspection.

The manager confirmed that all care staff were also mentored through supervision and appraisal. A system was in place and was reviewed during the inspection to ensure that all care staff employed received, at minimum, two recorded supervisions per year and one annual staff appraisal.

A review of staff training records was undertaken and confirmed that the required mandatory training was completed. The manager advised that additional training was also provided to support staff in their roles.

The home had a policy/procedure in place for adult safeguarding. The manager explained that there were no current safeguarding issues. Staff demonstrated good knowledge and understanding of the principles of adult safeguarding and knew what action to take if an allegation or actual abuse occurred. Review of staff training records evidenced training had been provided.

The manager explained that the management of falls included the use of an adapted "falls tools kit" to enable proactive management including identification of trends and patterns to ensure measures were in place to minimise the identified risk. Referrals were being made to the trust falls clinic so that a comprehensive assessment can be undertaken. Review of care records confirmed this.

Inspection of the premises confirmed that all areas were clean including wash hand basins. An adequate supply of resources such as; disposable aprons, gloves and liquid hand soap. Seven step wash hand written and pictorial guidance notices were positioned within toilets/bathrooms throughout the home. Areas requiring improvement identified in regards to the management of infection prevention and control (IPC) included: staining observed on toilet roll holders; rust and staining on equipment for example shower chairs, raised toilet seat; rust and staining on the laundry floor and armchairs were stained.

All areas within the home were considered to be warm and clean. The home has also recently completed a programme of redecoration.

There was a fire safety risk assessment in place dated 25 October 2018. Fire exits were clear and unobstructed. Review of records confirmed that monthly fire drills were completed; fire safety checks of emergency lighting and fire alarms were also undertaken. However checks of the firefighting equipment were not undertaken in agreement with the fire risk assessment. This was identified as an area for improvement to ensure compliance with the regulations.

Comments made by residents and staff during the inspection were:

- "I feel safe in here." (resident)
- "I had a very good induction and felt supported by the staff team." (staff)
- "There are sufficient staff on duty." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, infection prevention and control and fire safety checks.

	Regulations	Standards
Total number of areas for improvement	1	2

6.4 Is care effective?

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

We reviewed three care records. These records included an assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. However it was noted that care plans and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were not regularly reviewed and updated. This was identified as an area for improvement to ensure compliance with the standards.

The care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were updated regularly to reflect the changing needs of the individual residents.

We saw and staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, falls, accidents and incidents and medication were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring reports.

Discussion with the manager and staff confirmed 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.

Minutes of staff meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

We could see from review of care records, along with accident and incident reports that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Comments made by residents and staff during the inspection were:

- “The food is excellent; everything here will suit your needs.” (resident)
- “The food is very good and there is plenty of it.” (resident)
- “There is good team work, we all work well together.” (staff)
- There is good structure among the staff team; everyone knows what they are doing. Good communication is vital.” (staff)

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example; outings, social outings and arts/crafts. On the day of the inspection the activities coordinator was present in the home. Residents were observed participating in music and singing.

Comments made by residents, people who visit them and staff during the inspection were:

- “Only for the staff, they have really helped me; they are excellent. I was out playing golf yesterday. Staff are good at promoting independence. Safety is paramount.” (resident)
- “The staff are kind to me. I am very happy in here and well cared for.” (resident)
- “I am happy in here. The staff are good to me and they speak to me kindly.” (resident)
- “This is a great place and the residents come first.” (staff)
- “I love working in here; there is good care provided and there is time to spend with the residents.” (staff)
- “I have nothing but admiration for the staff; they do an unreal job. Staff do everything they can to make things better, all the staff are brilliant.” (relative)
- “There is good communication with the family.” (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Staff in the home described the manager as supportive and approachable. The manager described how the focus of care in the home was to support the residents as best as possible.

The manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. We looked at the records of complaints since the last inspection and could see that they were managed appropriately.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident’s needs. For example training records maintained in the home showed that staff had completed training in dementia.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from May to July 2019 and found that these were satisfactory. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare Lafferty, manager, as part of the inspection process. The timescales 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2019</p>	<p>The registered person shall ensure that checks of the firefighting equipment are undertaken and recorded in accordance with the fire risk assessment.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Fire fighting equipment is now checked on a weekly basis as per fire risk assessment.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 19.3</p> <p>Stated: Second time</p> <p>To be completed by: 9 August 2019</p>	<p>The registered person shall ensure that AccessNI information is recorded and managed in line with best practice.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: People and Development will now ensure that all Access NI information is accurately documented on staff recruitment files.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 19 September 2019</p>	<p>The registered person shall ensure that the following matters are addressed in relation to the management of infection prevention and control:</p> <ul style="list-style-type: none"> • staining on toilet roll holders • rust and staining on equipment for example shower chairs, raised toilet seats; • rust and staining on the laundry floor • staining on armchairs. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All areas have been dealt with, equipment has been changed or repaired and we are sourcing quotes at present for new flooring for the laundry department and also replacement chairs.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2019</p>	<p>The registered person shall ensure that there is regular review of residents care plans and risk assessments.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Management has spoken with senior care staff on a one to one basis and at all handovers regarding the importance of keeping all careplans and risk assessment up to date. a senior care meeting has been arranged for 18th September and this will be reiterated again and careplans reviewed.</p>
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Please ensure this document is completed in full and returned via Web Portal



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