

Unannounced Care Inspection Report 10 November 2016



Meadowbank Care Home

Type of service: Residential care home
2 Donaghane Road, Omagh
Tel No: 028 8224 2868
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Meadowbank Care Home took place on 10 November 2016 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance.

Is care effective?

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

One area for improvement was identified. A recommendation was made to ensure working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and to promote continuous quality improvement.

Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shelley Logue, registered manager and Claire Lafferty, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 May 2016.

2.0 Service details

Registered organization/registered person: Age NI, Linda Robinson	Registered manager: Shelley Logue
Person in charge of the home at the time of inspection: Shelley Logue	Date manager registered: 23 November 2015
Categories of care: DE – Dementia	Number of registered places: 25

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with 21 residents, one relative, the laundress, one member of the domestic staff, the activity therapist, four care assistants, one senior care assistant, the deputy manager and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Two staff competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Audits of risk assessments, care plans, accidents and incidents (including falls), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of eight questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 May 2016.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (g) Stated: First time To be completed by: 30 June 2016	The registered person must ensure that there is adequate seating provided for the residents in the communal areas. In addition this, seating which is beyond repair should be replaced. Action taken as confirmed during the inspection: Discussion with the registered manager and an inspection of the environment confirmed that new seating was purchased which was sufficient to meet the needs of the residents.	Met
Requirement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 30 June 2016	The registered person must ensure that: <ul style="list-style-type: none"> • A deep clean of the home is undertaken; • Bedlinen and mattress facilities should be reviewed and replaced where appropriate • An adequate supply of pillows should be provided for the comfort of the residents. Action taken as confirmed during the inspection: Discussion with the registered manager and an inspection of the environment confirmed that; <ul style="list-style-type: none"> • The home was clean on the day of the inspection 	

	<ul style="list-style-type: none"> • Bedlinen and mattress facilities were reviewed and replaced where appropriate • Additional pillows were purchased for the home. <p>Further evidence of this was reflected within the monthly monitoring reports.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 27 (2) (o)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person must ensure that grounds work is undertaken outside to provide a safe and secure outdoor space for residents.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and an inspection of the environment confirmed that grounds work was completed to ensure a safe and secure outside space. The registered manager reported that there is a plan in place to develop the outdoor space further. This is discussed in the main body of the report.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p>	<p>The registered person must ensure that the fire safety risk assessment is maintained on an up to date basis.</p> <p>Action taken as confirmed during the inspection: The home had a current fire risk assessment in place dated 20 June 2016.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p>	<p>The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.</p> <p>Action taken as confirmed during the inspection: This recommendation was unable to be validated at this inspection as no new staff were recruited since the last inspection. This recommendation will be reviewed at the next inspection.</p>	Not Reviewed
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2016</p>	<p>The registered person should ensure the malodour is addressed in two identified residents' bedrooms.</p> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that the malodour in the two identified bedrooms was addressed.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2016</p>	<p>The registered person should ensure that the date memoir boards are updated on a daily basis.</p> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that the date memoir boards were up to date on the day of the inspection.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 12 June 2016</p>	<p>The registered person should ensure the implementation of the Falls Prevention Toolkit to improve post fall management within the home.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of care records confirmed that the Falls Prevention Toolkit was implemented in the home.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. The registered manager confirmed that induction records are currently being reviewed by the organisation. The registered manager reported that no new staff were recruited since the last inspection therefore recent induction records were unable to be reviewed as identified in the QIP. This recommendation will be reviewed at the next inspection.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place, dated April 2016 included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during inspection validated this.

There was an infection prevention and control (IPC) policy and procedure in place dated April 2016. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager reported that there had been no outbreaks of infection within the last year. 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The registered manager confirmed that a programme of redecoration is planned for residents' bedrooms. The organisation has purchased new seating in all the day room areas as stated in the QIP. This seating was comfortable, easily maintained and suitably met the needs of the residents. This is to be commended.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The registered manager confirmed that there is a programme of redevelopment planned for the garden area. The organisation has secured a grant to landscape the garden area and provide outdoor seating.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 20 June 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 4 October and 4 April 2016. 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 checked weekly and monthly and were regularly maintained.

Some comments made on the returned questionnaires included:

- "Staff are very good."
- "In Meadowbank all service users are safe and protected from all harm. We maintain a safe environment at all times. All staff attend training on a regular basis."

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

A review of three care records confirmed that 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 a daily statement of health and well-being of the resident.

Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

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

The registered manager confirmed that there were some arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. A one off audit of care plans took place in April 2016. Quarterly audits of accidents and incidents (including falls) and complaints are returned to the Trust. However there was no ongoing programme of audit in place in the home. The registered manager was advised of the need to ensure working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and promote continuous quality improvement. A recommendation was made to address this.

The registered manager 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident meetings were reviewed during the inspection.

A review 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.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Some comments made on the returned questionnaires included:

- "Everyone is very good."
- "All staff have access to service users care plans. Care plans are updated monthly or before if necessary. Staff meetings are attended by all staff. All staff attend handover morning and night. Relevant professionals are involved when necessary."

Staff spoken with during the inspection made the following comment:

- "I enjoy working here, there is a good supportive staff team and there is good communication among the staff team. Everyone works well together."

Areas for improvement

One area for improvement was identified. A recommendation was made to ensure working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and to promote continuous quality improvement.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

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

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The registered manager and staff shared their recent experience of two residents who passed away in the home.

Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, care management reviews, residents' meetings and the monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities on the day of the inspection the residents were engaged in singing and musical activities. Observation of this activity suggested the residents were enjoying this.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff confirmed all relatives are made welcome to the home.

One resident spoken with during the inspection made the following comment:

- “I like it in here; the staff are all very kind.”

Staff spoken with during the inspection made the following comments:

- “I have no concerns, I think the residents are well looked after.”
- “The residents are well looked after and well fed. Each resident gets a cake for their birthday.”
- The residents are well looked after and they are all comfortable. Staff all help each other out.”
- I am very happy here, we have a good staff team who all work well together.

Some comments made on returned questionnaires included:

- “Staff are very good, I couldn’t say a word about them.”
- “Service users are involved in their care as far as possible. Staff and management interact with the service users and all information is treated in a confidential manner. All medication is administered as per kardex. We listen to the service user and observe for pain at all times.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was an accident/incident/notifiable events policy and procedure in place dated April 2016 which included reporting arrangements to RQIA. A review 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 undertaken and was reviewed as part of the inspection process.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager is currently completing phase 2 of the 'My Home Life' programme in order to become a facilitator. One staff member has completed the QCF Level three and a second staff member has recently enrolled for this course.

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. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Staff spoken with during the inspection made the following comments:

- "If I had a concern I would go to the office; Shelley and Claire are both approachable."
- "I would be happy to go to the management if I had a problem and I am confident it would be addressed."

Some comments made on returned questionnaires included:

- "Shelley is the boss, I know her well, she is very good."
- Shelley and Claire are both approachable and helpful to both staff and service users. Nothing is any trouble to them. They actually go beyond the call of duty. We have a very good team. Working relations are excellent. Meadowbank is a very homely place. I have been here for 22 years and all care is excellent."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shelley Logue, registered manager and Claire Lafferty, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p> <p>Carried forward for review at next inspection.</p>	<p>The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.</p> <p>Response by registered provider detailing the actions taken: An agreement is in place with Western Emergency Training Services to provide mandatory training as part of an induction programme. This will include AgeNi's policies and procedures.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 10 February 2017</p>	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reference the current regional guidance.</p> <p>Response by registered provider detailing the actions taken: The Adult Safe Guarding Policy has been reviewed referencing the current regional guidance - Adult Safeguarding, Prevention and Protection in Partnership - July 2015</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 10 December 2016</p>	<p>The registered provider should ensure that working practices are systematically audited to confirm compliance with the home's policies and procedures, to address issues and to promote continuous quality improvement.</p> <p>Response by registered provider detailing the actions taken: Along with existing audits, an Environmental Audit and Food Audit have been devised and will be carried out monthly.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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