

Unannounced Care Inspection Report 18 May 2017



Meadowbank Care Home

Type of service: Residential Care Home
Address: 2 Donaghanie 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

1.0 Summary

An unannounced inspection of Meadowbank Care Home took place on 18 May 2017 from 10.15 to 16.15.

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 induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Three recommendations were made in regard to the recruitment process, infection prevention and control and the fire safety risk assessment.

Is care effective?

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.

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

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.

One recommendation was made in regard to personal care needs of the female residents.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents 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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Clare Lafferty, acting 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 16 December 2016.

2.0 Service details

Registered organisation/registered person: Age NI Linda Robinson	Registered manager: Ms Clare Lafferty (acting)
Person in charge of the home at the time of inspection: Ms Clare Lafferty	Date manager registered: Ms Clare Lafferty – application not yet submitted
Categories of care: RC - DE – Dementia	Number of registered places: 25

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and QIP and the notification of accidents and incidents.

During the inspection the inspector met with 23 residents, four care staff, one member of the domestic staff, two resident's visitors and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff, including agency staff
- Staff supervision and annual appraisal records
- One staff competency and capability assessment
- Staff training schedule/records

- Four resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Audits of the environment, catering and accidents and incidents.
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- 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
- Programme and record of activities

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 December 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 16 December 2016

Last care inspection statutory requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.</p> <p>Action taken as confirmed during the inspection:</p> <p>On the day of the inspection two bedroom doors were propped open. During discussion with the acting manager it was identified that this had occurred when the member of domestic staff was cleaning the bedroom. The acting manager confirmed this issue was addressed and fire safety precautions forms part of the daily checks undertaken each morning at the staff handover.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2016</p>	<p>The registered provider must ensure that weekly weights are undertaken where it is indicated by the outcome of a risk assessment tool</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and a review of the care records confirmed that the weekly weights were recorded.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider must ensure that in regard to resident A; a care plan is implemented for the management of skin breakdown and the 30 minute checks required as part of the Falls Prevention Toolkit.</p> <hr/> <p>Action taken as confirmed during the inspection: In regard to resident A, a review of the care records confirmed that a care plan was in place for the management of skin breakdown and the 30 minute checks required as part of the Falls Prevention Toolkit.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2017</p>	<p>The registered provider must ensure that a review of resident A's placement is undertaken to confirm that it continues to appropriately meet their identified needs.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and review of the care records confirmed that a review of resident A's placement was undertaken on 13 January 2017.</p>	Met
<p>Requirement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider must ensure that in regard to resident B; a care plan is implemented for the management of weight loss.</p> <hr/> <p>Action taken as confirmed during the inspection: In regard to resident B, a review of the care records confirmed that a care plan was in place for the management of weight loss.</p>	Met

Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.9 Stated: First time To be completed by: 16 January 2017	The registered provider should ensure that the format for the recording of activities is reviewed to include; the activity that takes place, the person leading the activity and the residents who participate.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and a review of the record of activities identified that all of the above was recorded.	
Recommendation 2 Ref: Standard 23.1 Stated: First time To be completed by: 17 December 2016	The registered provider should ensure that agency staff inductions is formalised and a written record retained.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and a review of three records of agency staff inductions confirmed this was formalised and recorded.	

Recommendations carried forward from the inspection undertaken on 10 November 2016

Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 23.1 Stated: First time To be completed by: 30 May 2016	The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and a review of one record of induction confirmed that mandatory training was completed as part of the induction programme.	
Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 10 February 2017	The registered provider should ensure the adult safeguarding policy is reviewed to reference the current regional guidance.	Met
	Action taken as confirmed during the inspection: A review of the policy on adult safeguarding confirmed that it referenced the current regional guidance.	

Recommendation 3 Ref: Standard 20.10 Stated: First time To be completed by: 10 December 2016	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.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and a review of records of audit confirmed that a programme of monthly audits was in place.	

4.3 Is care safe?

The acting 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.

Review of one completed induction record, three records of agency inductions and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was in place and was reviewed during the inspection. Three records of annual staff appraisals and staff supervision were also reviewed during the inspection. Advice was given to the deputy manager to devise a schedule for staff appraisals and supervision to enable ease of reference throughout the year.

The acting manager 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. One completed staff competency and capability assessment was reviewed and found to be reviewed annually.

Discussion with the acting 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.

The acting manager advised that Enhanced AccessNI disclosures were only viewed by the Personnel staff prior to the commencement of employment. A recommendation was made that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

The adult safeguarding policy and procedure in place 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. A safeguarding champion has been established.

Discussion with staff confirmed that they 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.

Discussion with the acting manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting 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 acting manager confirmed there were restrictive practices employed within the home, notably keypad entry systems, pressure alarm mats and 30 minute checks at night. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose identified that restrictions were adequately described.

The acting manager confirmed there were risk management policy and procedures in place. The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. 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 in both written and pictorial formats.

The acting 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 clean and appropriately heated. An odour was noted in one identified bedroom. The main bathrooms in all of the units contained items of storage including a hoist, wheelchairs, zimmer frames and

chairs. A recommendation was made to ensure these items are removed in accordance with IPC procedures and the odour is addressed.

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. On the day of the inspection two bedroom doors were propped open. During discussion with the acting manager it was identified that this had occurred when the member of domestic staff was cleaning the bedroom. The acting manager confirmed this issue was addressed and forms part of the daily checks undertaken each morning at the staff handover.

Discussion with the acting 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. One recommendation made on the fire risk assessment was the need for monthly fire drills to be undertaken by staff members. There were no records in place to verify this had happened. A recommendation was made to ensure that all actions arising from the fire risk assessment are addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed with the residents every six months. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and fire doors were checked weekly and monthly and were regularly maintained.

Areas for improvement

Recommendations were made in regard to the recruitment process, infection prevention and control and the fire safety risk assessment.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

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

A review of four 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. Discussion with staff confirmed that a person centred approach underpinned practice.

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

The acting 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. Audits of the environment and the meal provision 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 visits reports

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

Residents and their representatives spoken with 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.

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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4.5 Is care compassionate?

The acting 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. This was further reflected within the care records.

On the day of the inspection a number of the female residents' personal care was observed to be below the standard expected. This matter was discussed with the deputy manager during feedback and a recommendation was made to ensure that residents' personal care is maintained to the required standard.

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 where care plans were in place for the management of pain.

The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. 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 acting 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, representatives 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 with staff, residents' meetings, monthly monitoring reports and annual care management reviews.

Discussion with staff, residents, and/or their representatives, 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 music activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that relatives were welcome to visit the home at any time.

Some comments made by residents during the inspection were:

- "I love it in here, the staff are all perfect. They treat me kindly. The food is lovely."
- "I am happy in here and the food is really good."
- "This is a great place."
- "I love it in here. I am very happy."

Some comments made by residents during the inspection were:

- "I think the care is brilliant, it's a relaxed atmosphere."
- "This place is great. There are enough staff on duty. There is good teamwork. I could go to the management with anything."
- "Staff morale is really good. Clare has a great way with staff and bringing people together as a team."
- "I am very happy here. The staff seem to be happy and there is good communication among the staff team. Everyone gets on well. The care is pretty good, everyone accommodates the residents and their needs are met."

Areas for improvement

A recommendation was made to ensure that residents' personal care is maintained to the required standard.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. 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. The acting manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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.

Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. One example of this was following a recent incident in the home the acting manager has scheduled further staff training in this specific area.

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

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

The acting 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 responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The acting manager confirmed that staff could 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. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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 Clare Lafferty, acting 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 19.2</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2017</p>	<p>The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Response by registered provider detailing the actions taken: A check list is in place and held centrally with People and Development in head office for new employees. We will work alongside People and Development to ensure that all appropriate recruitment details are verified and recorded appropriately and a check list will also be held within Meadowbank.</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2017</p>	<p>The registered provider should address the following issues:</p> <ul style="list-style-type: none"> • ensure the items stored in the main bathrooms are removed in accordance with IPC procedures and • address the odour in one identified bedroom. <p>Response by registered provider detailing the actions taken: Items stored in main bathrooms were removed on the day after the inspection and stored in other areas of the home we also have cleaning products in house to ensure appropriate decontamination is carried out should an outbreak occur. The odour found in the identified bedroom was dealt with on the day of the inspection and domestic staff made aware to ensure it is mopped out on a regular basis to eliminate odour.</p>
<p>Recommendation 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2017</p>	<p>The registered provider should ensure that all the actions arising from the fire risk assessment are addressed.</p> <p>Response by registered provider detailing the actions taken: Monthly fire drills will now be carried out on a monthly basis for staff and recorded appropriately. A fire drill for staff was carried out for staff on duty 1st June 2017.</p>
<p>Recommendation 4</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2017</p>	<p>The registered provider should ensure that residents' personal care is maintained to the required standard.</p> <p>Response by registered provider detailing the actions taken: Staff made aware at each subsequent handover that female residents facial hair should be tended to regularly as part of their personal hygiene regime. All female residents facial hair was removed the day after inspection.</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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