



The Regulation and
Quality Improvement
Authority

Meadowbank Care Home
RQIA ID: 1141
2 Donaghane Road
Omagh
BT79 0NR

Inspector: Laura O'Hanlon
Inspection ID: IN022234

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**Unannounced Care Inspection
of
Meadowbank Care Home**

18 November 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 18 November 2015 from 10.15 to 15.50. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. Three recommendations were made in regard to care plans, an annual care review and residents meetings. One recommendation was made within the additional areas inspected in regard to a malodour within one identified bedroom.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with Clare Lafferty, deputy manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Age NI	Registered Manager: Shelley Logue (registration pending)
Person in Charge of the Home at the Time of Inspection: Clare Lafferty	Date Manager Registered: Registration pending
Categories of Care: RC-DE	Number of Registered Places: 25
Number of Residents Accommodated on Day of Inspection: 24	Weekly Tariff at Time of Inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, returned quality improvement plan and the notification of accidents and incidents.

We met with nineteen residents, one relative, three care staff and the deputy manager.

We inspected the following records: five care records, accident/incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 21 October 2015. The report was issued to the home on 4 November 2015. This report will be followed up the estates inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (2) (c) Stated: First time To be Completed by: From the date of this inspection	<p>The registered person must ensure that unnecessary risks to the health, welfare or safety of residents are reviewed in that leads of sensor mats are stored away safely.</p> <hr/> <p>Action taken as confirmed during the inspection: During the inspection of the environment we confirmed that leads of sensor mats were stored away safely in resident's bedrooms.</p>	Met
Recommendations		
Recommendation 1 Ref: Standard 6.3 Stated: Second time To be Completed by: 30 June 2015	<p>It is recommended that the registered person should ensure care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the care records confirmed that care plans were appropriately signed.</p>	Met
Recommendation 2 Ref: Standard 35.1 Stated: First time To be Completed by: 30 June 2015	<p>It is recommended that in communal bathroom areas all incontinence products should be stored within enclosed, washable cabinets.</p> <hr/> <p>Action taken as confirmed during the inspection: During the inspection of the environment we confirmed that all incontinence products were stored within enclosed, washable cabinets in communal bathrooms.</p>	Met
Recommendation 3 Ref: Standard 25.1 Stated: First time To be Completed by: 30 June 2015	<p>It is recommended that the registered person should review the staffing levels given the increased dependency levels of the residents.</p> <hr/> <p>Action taken as confirmed during the inspection: The deputy manager confirmed that a review of staffing levels took place and a report was completed. A copy of this report dated October 2015 was available during the inspection.</p>	Met

5.3 Standard 1: Residents' involvement - Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The deputy manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to choosing curtains for the main living areas. The residents were consulted in the colours and choice of material for the curtains.

The deputy manager confirmed that the views and wishes of residents and relatives were sought through relatives meetings. The records of these meetings confirmed that the last relatives' meeting was on 8 April 2015. A recommendation was made to ensure that residents/relatives meetings are convened on a regular basis.

An inspection of care records in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the residents.

We noted in care records two residents who experience issues in regard to the management of their elimination needs. We made a recommendation to ensure that their care plans are updated to reflect the management of the elimination issues.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of relatives meetings and the registered provider monthly visits. The deputy manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within care records. In one care record we noted that the resident's annual care review was outstanding. A recommendation was made to address this matter. Residents and /or their representatives were present and participated in their care management review where possible.

The deputy manager shared with us the annual quality review report dated May 2015. This reflected the views of residents, representatives and other external visitors to the home.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their daily practice with residents. This included knocking on doors before entering, asking

residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. We observed that residents were able to rest in bed in the mornings if they wished. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

Three recommendations were made in regard to care plans, an annual care review and residents meetings. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	3
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5.4 Additional areas examined

5.4.1 Residents views

We met with eighteen residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that there wishes were respected in so far as possible. A comment made was:

- “The staff are really good in here. I am very happy.”

5.4.2 Relatives Views

We spoke with one relative. This relative was praising of the care provided to their parent. They commented that the environment was always fresh smelling and clean. The relative advised that the staff are very approachable, there is good communication and are kept well informed of any changes. A comment made was:

- “The care here is excellent; always plenty of staff, the surroundings are comfortable and perfect.”

5.4.3 Staff views

We spoke with three care staff members individually, in addition to the deputy manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the management and advised that they were approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “I enjoy working in Meadowbank, we overcome difficulties and we provide a good standard of care.”
- “The care provided here is genuinely excellent.”

- “The care provided is good. I have a good relationship with other staff and we all work together.

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. Spiritual emblems were noted within residents’ bedrooms. We noted a malodour in one identified bedroom. We made a recommendation to address this.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail. The hairdresser was present in the home during the inspection.

5.4.6 Fire safety

We confirmed that the home’s most recent fire safety risk assessment was dated 12 February 2015.

We reviewed the fire safety records and could confirm that fire safety training currently up to date. The records indicated that a fire drill took place on 21 September 2015.

5.4.7 Accidents / Incident reports

We reviewed accident/incident records which have occurred since the previous inspection and found these to be appropriately managed and reported.

5.4.8 Complaints / Compliments records

In our inspection of complaint records and discussion with the deputy manager we confirmed that complaints had been managed appropriately.

5.4.9 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

Areas for improvement

There were no areas of improvement identified with the additional areas examined.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Clare Lafferty, deputy manager. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 1.2 Stated: First time To be completed by: 18 November 2015	The registered person should ensure that residents' meetings are convened on a regular basis in accordance with the home's policy.		
	Response by Registered Person(s) detailing the actions taken: Resident's shall be invited to attend quartley meetings where they will be encouraged to share their views in a more formal forum. First meeting to be held January 2016.		
Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 18 December 2015	The registered person should ensure that care plans for two identified residents are updated to reflect the management of elimination issues.		
	Response by Registered Person(s) detailing the actions taken: Individual Elimination Care Plans have been incorporated in to the two identified residents care plans.		
Recommendation 3 Ref: Standard 11.1 Stated: First time To be completed by: 31 December 2015	The registered person should ensure that an annual care review is undertaken for one identified resident.		
	Response by Registered Person(s) detailing the actions taken: Care reivew is scheduled for Thursday 14 th January as Residents HSCT Care manager is on long term leave.		
Recommendation 4 Ref: Standard 27.1 Stated: First time To be completed by: As from the date of this inspection.	The registered person should ensure that the malodour in one identified bedroom is addressed.		
	Response by Registered Person(s) detailing the actions taken: Room flooring to be replaced in January, this is the earliest fitters could carry out this work. In the interim the room is being washed out on a daily basis.		
Registered Manager completing QIP	Shelley Logue	Date completed	30/12/15
Registered Person approving QIP	linda Robinson	Date approved	30/12/15
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	29.1.16

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