

Unannounced Care Inspection Report 26 October 2017



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 25 beds registered to provide care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Linda Robinson	Registered Manager: Shelley Logue
Person in charge at the time of inspection: Shelley Logue	Date manager registered: 23 November 2015
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 25

4.0 Inspection summary

An unannounced care inspection took place on 26 October 2017 from 10:30 to 16:15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication with the residents and staff, the culture and ethos of the home and the management of accidents and incidents.

Areas requiring improvement were identified in regards to fire safety, care plans and policies.

Residents and/or their representatives said the staff were welcoming, the food was lovely and the care was very good.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 25 residents, one relative, six staff of various grades, the deputy manager and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- One staff competency and capability assessment
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents'/representatives' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 18 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of five recruitment checklists confirmed that the registered manager has oversight 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>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment confirmed that the items in the bathroom were removed and enclosed washable containers were in place. There were no odours identified during the inspection of the environment.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all the actions arising from the fire risk assessment are addressed.</p>	<p style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of the fire risk assessment confirmed that this assessment was dated 20 June 2016 and was not reviewed. This was escalated to an area for improvement under the regulations.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure that residents' personal care is maintained to the required standard.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>During the inspection it was observed that the personal care needs of the residents were maintained to the required standard.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and 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 staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was reviewed during the inspection. This is further discussed within the report in relation to fire training.

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. One staff competency and capability assessment was reviewed and found to be 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. However the registered manager was able to provide a recruitment checklist to ensure that she has oversight of this process.

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

Discussion with staff confirmed that they were aware of the 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. A safeguarding champion was established.

Discussion with the registered 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 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 restrictive practices employed within the home, notably locked doors and the use of pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered 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.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (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 in bathrooms areas.

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 advised that she is currently in the process of planning a programme of painting and redecoration in the home.

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. 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 a fire risk assessment in place dated 20 June 2016 and this assessment was not reviewed. This was identified as an area for improvement in accordance with legislation to ensure that the fire risk assessment is reviewed on an annual basis.

This training schedule identified that fire safety training for 13 staff members was completed in November and December 2016. Discussion took place with the registered manager in regard to the need for staff to receive fire safety training twice annually. The registered manager confirmed that fire safety training was scheduled for November 2017. This was identified as an area for improvement under the standards.

Fire drills were completed monthly. 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.

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied. One comment made on a returned questionnaire was:

- “There is a strong emphasis on staff training ensuring that staff have up to date knowledge for practice”

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to fire safety.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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

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) 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.

Review of the care records confirmed that two out of three care plans were not signed by the resident and/or their representative. This was identified as an area for improvement under the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced during discussion with the staff in regard to the needs and preferences of individual residents. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), the environment and catering arrangements

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 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 one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication. Minutes of resident and representative meetings were reviewed during the inspection. During the representative meetings training in regards to dementia was provided. This registered manager advised that this had been successful.

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.

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied. One comment made on a returned questionnaire was:

- “I feel the entire ethos of person centred care is adopted in this home. The management of the home ensures families are also very much supported through the journey of dementia of their loved one”

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

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, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The staff and residents shared their experience of two residents who recently passed away. The staff and residents explained compassionately how the wake and service was facilitated in the home.

Discussion with residents, one representative 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 management of pain.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative 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 and one representative spoken with confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, one representative 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 the staff, residents meetings, annual reviews and the monthly monitoring visits by the registered provider.

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. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The programme of activities was displayed in each unit. One resident advised that they undertake arts and crafts and the hairdresser visits every Friday. The residents had assisted the staff to decorate the home in preparation for Halloween.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Discussion with the representative confirmed that she was always made welcome when she visits the home and that there is good communication with the family.

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied. One comment made on a returned questionnaire was:

- "Staff ensure regular contact with outside professionals regarding health and pain and discomfort of residents. Residents are consulted on a number of issues surrounding their care"

Comments made by residents during the inspection were:

- “We do lots of activities; arts and crafts and the hairdresser comes every Friday”
- “The staff are all great, you could ask them about anything. Shelley and Claire are great managers”
- “The food is excellent. It’s a lovely home. The choice of food in here is great”
- “It’s a fantastic place I couldn’t say enough god about the staff, they are wonderful, all you have to do is ask”

Comments made by staff during the inspection were:

- “I love work here, it’s a great staff team and we all help each other out. The staffing levels are good. The managers are great you could go to any of them”
- The staffing levels are good and we have regular staff training. I am very happy here, everyone works well. The management are great”
- “It’s just like a big family, it’s a great place”

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure displayed in each bedroom.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place 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.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Training took place for staff during the inspection in regard to dementia.

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 advised that she is commencing a course to train the trainer so that she can facilitate training.

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 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 QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

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

The registered 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.

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied. One comment made on a returned questionnaire was:

- “The manager and deputy manager are so open and approachable and I’ve witnessed many times them leaving their work to deal with staff, relatives and carers”

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 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 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	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 1 December 2017	The registered person shall ensure that the fire safety risk assessment is reviewed on an annual basis. Any recommendations arising from this assessment should be actioned and signed off when completed. Ref: section 6.4 Response by registered person detailing the actions taken: This is now in place.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.4 Stated: First time To be completed by: 1 December 2017	The registered person shall ensure that all staff members complete fire safety training twice annually. Ref: section 6.4 Response by registered person detailing the actions taken: This is in place
Area for improvement 2 Ref: Standard 6.3 Stated: First time To be completed by: 1 December 2017	The registered person shall ensure that care plans are signed by the person completing them, the resident and/or their representative and the registered manager. Ref: section 6.5 Response by registered person detailing the actions taken: This is now in place.

Please ensure this document is completed in full and returned via Web Portal



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