



Unannounced Care Inspection Report 7 November 2018



Meadowbank Care Home

Type of Service: Residential Care Home
Address: 2 Donaghane Road, Omagh, BT79 0NR
Tel No: 02882242868
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 that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager: See below
Person in charge at the time of inspection: Clare Lafferty	Date manager registered: Clare Lafferty – acting no application required
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 25

4.0 Inspection summary

An unannounced care inspection took place on 7 November 2018 from 10.05 to 15.35.

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 staff induction, training, appraisal and supervision and the management of incidents. Good practice was also found in relation to communication among the staff team and the staff knowledge of individual residents' needs. There was good supporting evidence of effective team working provided from staff and the manager.

Areas requiring improvement were identified in regards to the recording of AccessNI information, the storage of sensor mats, fire safety checks and the need to ensure that the placement for one resident effectively meets their needs.

Residents said:

- "I feel very safe in the home."
- "The staff are all good to me."
- "The food is 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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Clare Lafferty, 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 3 May 2018.

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, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, 25 residents and six staff.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), environment, catering,
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of Policies and procedures

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 May 2018

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 3 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that the identified fire exit door is repaired as it was not properly sealed. Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment confirmed that all the fire exit doors in the home were replaced.	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.3 Stated: Second time	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 Action taken as confirmed during the inspection: A review of three care records confirmed that care plans were appropriately signed.	Met

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the malodours are addressed in the identified areas.	Met
	Action taken as confirmed during the inspection: On the day of the inspection there were no malodours present in the home.	
Area for improvement 3 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place quarterly.	Met
	Action taken as confirmed during the inspection: A review of the record of staff meetings confirmed that staff meetings took place quarterly.	

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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/bank staff were used in the home. The manager stated that the use of temporary/bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. It was noted during the inspection that while the manager's hours were mostly recorded, they were not consistently fully completed. This was discussed with the manager during feedback who agreed to address this going forward.

A review of two induction records and discussion with the 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 annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the 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. One staff competency and capability assessment was reviewed and found to be satisfactory.

The manager advised 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 manager was provided with a checklist to confirm that the required records were completed.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. A review of two staff recruitment checklists evidenced that the AccessNI certificate number was not recorded or the date which the check was reviewed. This was identified as an area for improvement under the standards to ensure that AccessNI information was recorded and managed in line with best practice.

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

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 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 manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of sensor mats, keypad exit doors and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, were available throughout the home. 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 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.

The manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A programme of redecoration was underway in the home. The manager confirmed that this would include painting of residents’ bedrooms and the smoking room.

During the inspection of the environment it was observed that there were lengthy leads from the sensor mats, not in use, lying on the floor in residents’ bedrooms. This could be a potential trip hazard for residents. This was discussed with the manager and identified as an area for improvement under the standards to review this practice.

Inspection of the internal and external environment identified that the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. No malodours were detected in the home.

The manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly.

It was established that there were three residents who smoked. The manager confirmed that there were detailed risk assessments and subsequent care plans pertaining to any individual resident who smokes.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had a recent review of the fire risk assessment on 25 October and all recommendations were in the process of being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and/or monthly and were regularly maintained.

It was noted that there were no regular checks undertaken in relation to the emergency lighting as indicated on the fire risk assessment. This was identified as an area for improvement to ensure that such checks were recommenced.

Residents and staff spoken with during the inspection made the following comments:

- “There are always plenty of staff around.” (resident)
- “I feel very safe in the home.” (resident)
- “There is lots of training provided. I was really well supported during my induction. The staffing levels are good” (staff)

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in relation to the recording of AccessNI information, the storage of sensor mats and the emergency lighting checks.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and a daily 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.

It was evident from one care record reviewed and discussion with the staff that this resident was experiencing difficulties in regard to mobility, falls and general health. A care management review had taken place in May 2018 which stated that this resident required a dementia nursing placement. A subsequent review undertaken in September 2018 made no comment in regard to whether or not the current placement met the needs of this resident. This was identified as an area for improvement to ensure that this placement continues to effectively meet the needs of this resident.

The care records 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. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to detail how approaches and responses to specific residents in accordance to their care plans had a positive impact on their well-being.

Systems were in place to regularly record residents’ weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident’s care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident’s skin. Referrals would be made to the multi-professional team to address any areas of concern in a timely manner.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, accidents and incidents (including falls), environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

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

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.

Residents and staff spoken with during the inspection made the following comments:

- “I could go to any of the staff if I had a problem.” (resident)
- “The food is very good.” (resident)
- “There is great team work, everyone helps each other out; really good support.” (staff)
- “We all work well together.” (staff)

Areas of good practice

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

Areas for improvement

One area for improvement was identified to ensure that the placement continues to meet the needs of one identified resident.

	Regulations	Standards
Total number of areas for improvement	1	0

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised 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.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example, staff were vigilant in regard to communicating sensitive information about residents and spoke with residents in a kind, caring manner.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. 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.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

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; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan 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. Some of the residents were involved in painting activities while others were watching television and reading the local papers.

Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of the inspection one resident was out with a staff member for a walk and coffee. Some residents were making crafts to sell at a local fair.

Residents and staff spoken with during the inspection made the following comments:

- "I am very happy with all the care provided to me." (resident)
- "I am happy in here; well cared for." (resident)

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

A review of the accident, incident and 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 safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

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

Staff spoken with during the inspection made the following comments:

- “Clare is excellent and I have every confidence that if I raised anything it would be done.” (staff)
- “The manager is very approachable.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare Lafferty, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (d) (v) Stated: First time To be completed by: 8 November 2018	The registered person shall ensure that emergency lighting checks are undertaken and recorded in accordance with the fire risk assessment. Ref: 6.4
	Response by registered person detailing the actions taken: Checks completed 8/11/18 and are now monthly.
Area for improvement 2 Ref: Regulation 15 (2) (a) Stated: First time To be completed by: 30 November 2018	The registered person shall ensure that the placement for one resident is reviewed to confirm that it effectively meets the assessed needs of the resident. Ref: 6.5
	Response by registered person detailing the actions taken: review completed in Sept18. Resident still awaiting a placement. No further update from WHSCT.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.3 Stated: First time To be completed by: 8 November 2018	The registered person shall ensure that AccessNI information is recorded and managed in line with best practice. Ref: 6.4
	Response by registered person detailing the actions taken: P&D have revised the form to ensure the Checklist has the Access NI number recorded.
Area for improvement 2 Ref: Standard 27.3 Stated: First time To be completed by: 30 November 2018	The registered person shall ensure that the practice of leaving sensor mats lying on the ground when not in use, is reviewed due to the potential trip hazard for residents Ref: 6.4
	Response by registered person detailing the actions taken: All staff have been rebriefed to ensure that the practice of lifting sensory mats from bedsides in the morning is adhered to.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care