

Unannounced Care Inspection Report 12 May 2016



Meadowbank Care Home

2 Donaghane Road, Omagh

Tel No: 028 8224 2868

Inspectors: Laura O'Hanlon and John McAuley

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 12 May 2016 from 10.00 to 14.30.

The inspection took place in response to a complaint received by RQIA raising concerns regarding the provision of care within the home and the environment. The information received was passed to the Western Health and Social Care Trust adult safeguarding team.

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

Is care safe?

A recommendation was made to ensure that the required mandatory training is undertaken as part of an induction programme. A second recommendation was made to address the malodour in two identified bedrooms.

A requirement was made to ensure that there is adequate seating provided for the residents in the communal areas. In addition this, seating which is beyond repair should be replaced.

A second requirement was made to ensure a deep clean of the home is undertaken; bedlinen and mattress facilities should be reviewed and replaced where appropriate and an adequate supply of pillows should be provided for the comfort of the residents.

A requirement was made to ensure that grounds work is undertaken outside the home to provide a safe and secure outdoor space for residents. A fourth requirement was made to ensure the fire safety risk assessment is maintained on an up to date basis.

Is care effective?

One recommendation was made to ensure that the date memoir boards are updated on a daily basis.

Is care compassionate?

There were no areas of improvement identified.

Is the service well led?

A recommendation was made to implement the Falls Prevention Toolkit to improve post falls management within the home.

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

1.1 Inspection outcome

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

Details of the QIP within this report were discussed with Shelley Logue, Registered Manager and Claire Lafferty, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

| | |
|---|--|
| Registered organization/registered person: Age NI | Registered manager: Shelley Logue |
| Person in charge of the home at the time of inspection: Shelley Logue | Date manager registered: 23 November 2015 |
| Categories of care: DE – Dementia | Number of registered places: 25 |
| Weekly tariffs at time of inspection: £494.00 | Number of residents accommodated at the time of inspection: 24 plus one resident in hospital |

3.0 Methods/processes

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

During the inspection we met with all the residents, one relative, three members of the ancillary staff, three care staff, the deputy manager and the registered manager.

Four resident views, five representative views and eight staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 9 May 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 November 2015

The most recent inspection of Meadowbank Care Home was an unannounced care inspection dated 18 November 2015. The completed QIP was returned and was approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18 November 2015

| Last care inspection recommendations | | Validation of compliance |
|--|--|--------------------------|
| 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. | Met |
| | Action taken as confirmed during the inspection: An inspection of the record of residents meetings confirmed that the last residents meeting was convened on 25 February 2016. | |

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| <p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2015</p> | <p>The registered person should ensure that care plans for two identified residents are updated to reflect the management of elimination issues.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the care records confirmed that care plans for two identified residents were updated to reflect the management of elimination issues.</p> | <p>Met</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2015</p> | <p>The registered person should ensure that an annual care review is undertaken for one identified resident.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that an annual care review was undertaken for this one identified resident. A copy of the review report was available for inspection.</p> | <p>Met</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: As from the date of this inspection.</p> | <p>The registered person should ensure that the malodour in one identified bedroom is addressed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the environment identified that the malodour in one identified bedroom was addressed.</p> | <p>Met</p> |

4.3 Is care safe?

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

On the day of inspection the following staff were on duty – the registered manager, the deputy manager, one senior care assistant, two care assistants, one cook, one kitchen assistant, one member of the domestic staff and one laundress.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. It was noted that induction records did not reflect any training on fire safety or safeguarding. A recommendation was made to ensure that the required mandatory is undertaken as part of an induction programme.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Staff confirmed that supervision was completed six monthly and appraisals annually.

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. A review of one staff competency and capability assessment evidenced these were completed annually.

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.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was appropriately heated. A malodour was noted in two identified bedrooms. A recommendation was made to address this malodour. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Areas of concern were noted during the inspection of the environment. There were insufficient amounts of chairs in one unit to accommodate all of the residents. It was observed that some of the residents were sleeping on dining room chairs throughout the course of the inspection. This was concerning in terms of comfort for the resident. A number of the remaining chairs were either soiled or worn. The registered manager advised that the chairs have been identified as an area for improvement and progress is already underway to resolve this. A requirement was made to address the seating issue to ensure comfortable seating is provided for all the residents.

In general terms within the environment, the bedlinen provided in the home was poor in quality. It was unclear if beds in the home were made during the inspection. In a particular bedroom one mattress was identified for replacement as it was of poor quality in terms of comfort. There were also a number of beds that had not adequate pillows for residents' comfort. In addition to this a large number of bedroom flooring was stained and unclean. A requirement was made to address these issues.

Inspection of 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 infection, prevention and control (IPC) procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager confirmed that 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 needs could not be met.

Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems and the use of pressure alarm mats. Residents who were assessed as safe to leave the building unaccompanied were provided with the door code. 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.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

Review of the external environment identified that the grounds and garden areas required urgent maintenance to ensure they were kept tidy, safe, suitable for and accessible to residents, staff and visitors. A requirement was made to ensure that grounds work is undertaken to provide a safe and secure outdoor space for residents.

A review of the fire safety risk assessment dated 12 February 2015, found this had not been reviewed in accordance with legislative requirements. A requirement was made to ensure the fire safety risk assessment is updated on an annual basis. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 4 April 2016 and records retained of staff who participated and any learning outcomes.

Areas for improvement

A recommendation was made to ensure that the required mandatory training is undertaken as part of an induction programme. A second recommendation was made to address the malodour in two identified bedrooms.

A requirement was made to ensure that there is adequate seating provided for the residents in the communal areas. In addition this, seating which is beyond repair should be replaced. A second requirement was made to ensure a deep clean of the home is undertaken; bedlinen and mattress facilities should be reviewed and replaced where appropriate and an adequate supply of pillows should be provided for the comfort of the residents.

A requirement was made to ensure that grounds work outside is undertaken to provide a safe and secure outdoor space for residents to ensure the fire safety risk assessment is maintained on an up to date basis.

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| Number of requirements: | 4 | Number of recommendations: | 2 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care effective?

Discussion with the registered manager established that 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 up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. C. A fourth requirement was made are records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

It was noted that the date memoir boards displayed within the home were not updated at the time of this inspection. A recommendation was made to ensure this was completed on a daily basis to assist with this area of need.

Residents and one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

One areas of improvement was identified during the inspection. A recommendation was made to ensure the date memoir boards are updated on a daily basis.

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

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with residents and one relative confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner. One relative commented positively upon the care provided to her relative since their return from hospital. This relative felt confident about the delivery of care and was in gratitude for same.

Discussions with residents and one relative, staff and observation of interactions demonstrated that residents were treated with dignity and respect.

One resident commented upon positively about the provision of care and the kindness and support received from staff. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Areas for improvement.

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with

complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

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.

The registered manager confirmed that they were unaware of the Falls Prevention Toolkit. A recommendation was to implement this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered manager identified that she had understanding of her 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.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

Discussion with staff confirmed that there were good working relationships 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

One area for improvement was identified during the inspection. A recommendation was made to implement the Falls Prevention Toolkit to improve post falls management within the home.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

| Statutory requirements | |
|--|---|
| <p>Requirement 1</p> <p>Ref: Regulation 27 (2) (g)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p> | <p>The registered person must ensure that there is adequate seating provided for the residents in the communal areas. In addition this, seating which is beyond repair should be replaced.</p> <p>Response by registered person detailing the actions taken: An order has been placed with disability needs NI for new seating for all three units within the home. Extra seating has been included in this order. This will replace existing seating throughout the home.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p> | <p>The registered person must ensure that:</p> <ul style="list-style-type: none"> • A deep clean of the home is undertaken; • Bedlinen and mattress facilities should be reviewed and replaced where appropriate • An adequate supply of pillows should be provided for the comfort of the residents. <p>Response by registered person detailing the actions taken: A deep clean of the home has been undertaken by the housekeeping staff. This included floors being buffed and stains removed. Cleaning schedule has been reviewed to reflect an increase in deep cleaning time scales additional pillows have been purchased. These along with bedlinen and mattresses will be changed as needed. Staff have been reminded of the importance of attention to detail regarding presentation of bedrooms.</p> |
| <p>Requirement 3</p> <p>Ref: Regulation 27 (2) (o)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p> | <p>The registered person must ensure that grounds work is undertaken outside to provide a safe and secure outdoor space for residents.</p> <p>Response by registered person detailing the actions taken: Grounds have been appropriately chemically treated and areas cut back. Work continues.</p> |

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| <p>Requirement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p> | <p>The registered person must ensure that the fire safety risk assessment is maintained on an up to date basis.</p> <hr/> <p>Response by registered person detailing the actions taken: Fire risk assessment is complete.</p> |
| Recommendations | |
| <p>Recommendation 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p> | <p>The registered person should ensure that the required mandatory training is undertaken as part of an induction programme.</p> <hr/> <p>Response by registered person detailing the actions taken: Induction programmes are currently under review by AGE NI's head of care in conjunction with Western Emergency Training Services with view to delivering a comprehensive induction programme over three days. This will include mandatory training and AGE NI's policy and procedures</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 19 May 2016</p> | <p>The registered person should ensure the malodour is addressed in two identified residents' bedrooms.</p> <hr/> <p>Response by registered person detailing the actions taken: A deep clean has taken place in both bedrooms, the occupant of one of the bedrooms does not approve of people in her bedroom nor does she like her bedroom window opened. Housekeeping staff are now utilising the time she spends participating in activities in other areas of the home to gain entrance to her bedroom and proceed with cleaning.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2016</p> | <p>The registered person should ensure that the date memoir boards are updated on a daily basis.</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has reminded all staff at handover periods and via communication book of the importance of updating the memoir boards on a daily basis.</p> |

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| Recommendation 4 Ref: Standard 21.5 | The registered person should ensure the implementation of the Falls Prevention Toolkit to improve post fall management within the home. |
| Stated: First time To be completed by: 12 June 2016 | Response by registered person detailing the actions taken: The falls prevention tool kit has been introduced to the home with full role out in upcoming months. |

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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