



The Regulation and
Quality Improvement
Authority

Meadowbank Care Home
RQIA ID: 1186
11a Trench Road
Londonderry
BT47 2DT

Inspector: P Cunningham
Inspection ID: IN021484

Tel: 02871347281
Email: meadowbank@fshc.co.uk

**Announced Estates Inspection
of
Meadowbank Care Home**

01 March 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced estates inspection took place on 01 March 2016 from 10.00 to 13.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Care Standards for Nursing Homes 2015.

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 Claire Wilkinson, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care Limited (FSHC)	Registered Manager Claire Wilkinson
Person in Charge of the Home at the Time of Inspection: Claire Wilkinson	Date Manager Registered: 17 February 2016
Categories of Care: NH-LD, NH-LD(E)	Number of Registered Places: 34
Number of Patients Accommodated on Day of Inspection: 30	Weekly Tariff at Time of Inspection: Various

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 standards have been met:

Standard 44: Premises

Standard 47: Safe and Healthy working Practices

Standard 48: Fire Safety

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months. duty calls.

During the inspection the inspector met with Claire Wilkinson, Registered Manager, Meadowbank Care Home, Gerry Hegarty, Estates Officer, FSHC, and James Wilson, Maintenance Officer, Meadowbank Care Home.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 30 September 2013. One recommendation was made as a result of this inspection and the completed QIP was returned and approved by the care inspector on 02 November 2015.

5.2 No requirements or recommendations were made as a result of the last Estates Inspection on 24 February 2015

5.3 Standard 44: Premises

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. Documentation presented indicated that two of the thermostatic mixing devices were not operating within correct limits and the FSHC Estates Officer confirmed that these were to be replaced over coming days.
See recommendation 1 in the attached Quality Improvement Plan.
2. The corner of the high level counter at the nurse station in the Oakwood unit of the home was found to be fitted with temporary padding to reduce the risk of injury to patients who may be prone to make inadvertent contact with it. The estates manager stated that this would be modified to remove the sharp contour as necessary.
See recommendation 2 in the attached Quality Improvement Plan.
3. The legionellae risk assessment identified a number of items requiring remedial works. These are included in the FSHC programme of works for legionellae upgrade works.
See recommendation 3 in the attached Quality Improvement Plan.
4. There is no separate wash hand basin in the home's laundry.
See recommendation 4 in the attached Quality Improvement Plan.

Number of Requirements	0	Number Recommendations:	4
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5.4 Standard 47: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The nature and needs of the patients are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

Areas for Improvement

None.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 48: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of patients, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a person holding recognised professional registration for fire risk assessment in accordance with correspondence from RQIA to registered providers in February 2013. The FSHC Estates Officer confirmed that the significant items listed in the fire risk assessment plan have been addressed. This supports the delivery of effective care.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

Areas for Improvement

None.

Number of Requirements	0	Number Recommendations:	0
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5.6 Additional Areas Examined

None.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Claire Wilkinson, Registered 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.

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, Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. 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 Persons

The QIP should 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 estates.mailbox@rqia.org.uk 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 within this report do not absolve the registered person/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 person/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 44.8 Stated: First time To be Completed by: 01 April 2016	Provide RQIA with confirmation that the thermostatic mixing devices identified as being defective have been repaired or replaced.		
	Response by Registered Manager Detailing the Actions Taken: Thermostatic mixing device has been replaced.		
Recommendation 2 Ref: Standard 44.8 Stated: First time To be Completed by: 01 April 2016	Provide RQIA with confirmation that the high level counter at the nurse station in the Oakwood Unit of the home has been modified to remove the corner edge of same reducing the risk of injury to patients.		
	Response by Registered Manager Detailing the Actions Taken: New counter top in process of being fitted, task to be completed by Fri 1st April		
Recommendation 3 Ref: Standard 44.8 Stated: First time To be Completed by: 01 May 2016	Carry out the planned remedial works as identified in the legionellae risk assessment soon as practically possible and provide RQIA with confirmation that this has been completed.		
	Response by Registered Manager Detailing the Actions Taken: Scheduled for completion at the latest beginning of June 2016		
Recommendation 4 Ref: Standard 44.1 Stated: First time To be Completed by: 01 May 2016	Consider provision of a separate wash hand basin in the home's laundry in line with current infection prevention and control good practice.		
	Response by Registered Manager Detailing the Actions Taken: Capex authorised, awaiting fitting date.		
Registered Manager Completing QIP	Claire Wilkinson	Date Completed	29/3/16
Registered Person Approving QIP	Dr Claire Royston	Date Approved	31.03.16
RQIA Inspector Assessing Response	P Cunningham	Date Approved	7/4/16

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address