



Announced Enforcement Care Inspection Report 14 August 2019



Blair Mayne Residential Care Home

Type of Service: Residential Care Home
**Address: c/o Blair House Care Home, 107 Dakota
Avenue, Newtownards BT23 4QX**
Tel No: 028 9182 4450
Inspectors: Marie-Claire Quinn and John McAuley

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 provider 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 registered residential care home which provides care for up to 25 residents who are living with dementia. This home is located in the same building as Blair House Nursing Home.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Registered Manager: Vera Ribiero, registration pending
Person in charge at the time of inspection: Christine Smyth, team leader Vera Ribiero, manager, Sharon Butler, regional manager and Sarah Mann, associate director of quality assurance and governance were also present throughout the inspection.	Number of registered places: 25 11 residents to be accommodated on the Ground Floor and 14 residents to be accommodated on the First Floor.
Categories of care: Residential Care (RC) DE – Dementia	Number of residents in the home on the day of inspection: 20

4.0 Inspection summary

An announced inspection took place on 14 August 2019 from 10.30 hours to 14.45 hours.

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 sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to the quality of management and governance in the home. The date of compliance with the notice was 14 August 2019.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000052 issued on 18 June 2019.

Evidence was available to validate compliance with the Failure to Comply Notice.

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

4.1 Inspection outcome

This inspection resulted in no new areas for improvement being identified.

Ongoing enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifiable events received since the previous care inspection
- the previous inspection report
- one FTC notice

During the inspection the inspector spoke with a number of residents, staff on duty during the inspection and one residents' visitor.

A selection of questionnaires and 'Have We Missed You' cards, were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks after the inspection.

The following records were examined during the inspection:

- staff duty rota August 2019
- care records of four residents
- a sample of audits including dining and nutrition 18 June 2019, night duty and out of hours 24 June 2019, environmental 25 June 2019, quality improvement lead 24 July 2019, documentation 26 July 2019
- daily laundry checks dated 31 July 2019, 12 August 2019 and 13 August 2019
- minutes of relatives meeting 10 July 2019
- accidents and incidents records and audits June and July 2019
- annual care review matrix 2019
- monthly monitoring visit reports 25 June 2019 and 31 July 2019
- complaints records July and August 2019

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 & 10 June 2019

The most recent inspection of the home was an unannounced care and medicines management inspection.

This QIP will be validated by the care and pharmacist inspector at the next inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 & 10 June 2019

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 13 (3) Stated: First time	The registered person shall for the purpose of providing care to residents, and making proper provision for their health and welfare, so far as practicable, ascertain and take into account their wishes and feelings. This is specifically in relation to ensuring that residents' choice regarding rising times is listened and responded to.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall provide care and any other services to residents in accordance with the statements of purpose, and shall ensure that the care, treatment, if necessary, and other services provided to each resident:</p> <p>(a) meet his individual need.</p> <p>The home must ensure that a social care model is developed and implemented in the home.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <p>5.1 the resident’s representative, where appropriate, and relevant professionals and disciplines are involved in the assessment process;</p> <p>5.2 assessments contain comprehensive detail; and</p> <p>5.4 the assessment is signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that, where required, care plans include details of the management of any identified risks and strategies or programmes to manage specified behaviours including the use of medication. This is specifically in relation to the management of distressed reactions.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 5</p> <p>Ref: Standard 3.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a referral form providing all necessary information, including any risk assessment relating to the resident and the delivery of their care and services, is completed before the resident is admitted.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <p>16.4 all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation and</p> <p>16.7 written records are kept of suspected, alleged or actual incidents of abuse.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <p>12.2 residents are involved in planning the menus and</p> <p>12.9 meals are served in suitable portion sizes. This is specifically in relation to supper.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		

Area for improvement 8 Ref: Standard 33 Stated: First time	The registered person shall ensure that medicine doses are prepared immediately prior to administration from the container in which they were dispensed.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

The above QIP must stay in place with carried forwarded included as the validation of compliance. The carried forward regulations and standards should be included in the new QIP generated from this inspection.

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 18 June 2019. The areas for improvement from the last care inspection on 6 and 10 June 2019 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

FTC Ref: FTC000052

Notice of failure to comply with regulation 10 of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Registered person: general requirements

Regulation 10.—

(1)The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following eight actions were required to comply with this regulation.

- The responsible person must ensure that they undertake a comprehensive review of staffing arrangements in the home to ensure that there are sufficient numbers of staff on both floors of the home at all times.
- The responsible person must ensure that robust auditing systems are established to ensure effective managerial oversight in the home. This includes, but is not limited to, monitoring and audits of the home's environment, care records, fire safety procedures, laundry arrangements and the delivery of individual care.
- The responsible person must ensure that those staff with additional administrative or managerial duties are given protected time to complete these tasks.

- The responsible person must ensure that a social care model is developed and maintained within the residential setting and that care records are person centred and specific to residential care and the needs of individual residents.
- The responsible person must ensure that training is provided for all residential care staff in the social care model of care, record keeping and care planning.
- The responsible person must ensure that a robust system of monitoring and delivering annual resident care reviews is established.
- The responsible person must ensure that the monthly monitoring reports completed in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005, contain clear, time-bound action plans, detailing all areas of improvement required. This should be reviewed by management to ensure all actions are addressed in a timely manner.
- The responsible person must ensure that records of all complaints are held locally and include details of all communication with complainants, the result of any investigations, the action taken, whether or not the complainant is satisfied and how this level of satisfaction was determined.

Staffing

Staffing levels were adequate on the day of inspection. There was a calm and relaxed atmosphere in the home. Care was delivered promptly and courteously. Residents looked content and well cared for. One resident told us, "I would recommend it (the home). Yes, there is plenty of staff."

A new acting manager had recently commenced work in the home. Management advised us that the vacant deputy manager role had been filled and the new member of staff was due to start their induction on 19 August 2019. Additional senior care staff have been identified, to reduce the use of over time. The night time cleaning schedule was reviewed and duties decreased, thus freeing up staff to focus on care delivery. Review of records and discussion with management confirmed that measures were in place to review staffing arrangements and manage staff sick leave; this will remain under review by the home. Staffing levels will be further reviewed as the home's occupancy levels increase. Staff told us:

- "Staff morale and efficiency have improved."
- "Things are much, much better than the last time (inspection)."
- "It's a good team. There is enough staff as we have time to spend with residents."
- "We need a better procedure for times when staff phone in sick."
- "Staff are more content. The whole home feels lighter. I'm not anxious coming to work anymore."

Staff confirmed that they were now provided with clear, protected time, in order to complete administrative tasks:

- "It's much more structured and organised."
- "The support is now tremendous – it's tripled. The difference is unbelievable. Things are now explained to me; I can pass this on to staff and everything gets done."

Environment

We saw that fire safety precautions were adhered to throughout the inspection, as we did not see any laundry equipment blocking the corridors. We reviewed records which evidenced that this was audited hourly throughout the working day.

The door of the garden shed was now secured; however, one of the wooden slats had been damaged in the bad weather. When this was highlighted to staff, they showed us a clear system for requesting repairs from estates. The relevant repairs were requested on the day of inspection.

Person centred care

We saw evidence that a social care model was being developed in the home. The Priority 'Positive Culture Pledge' was on display and staff confirmed they had received training on person centred care and on completion of care plans. Staff told us:

- "I am no longer concerned about completing care plans. We are a residential home, and care plans are based on the residents."

Staff were awaiting confirmation of dates for further training on the social care model and the MUST tool. Nursing staff have provided guidance and refresher training on the completion of Braden scores.

Care records

We reviewed care records. Care plans were now individualised and work had commenced to ensure they reflected a social model of care including the promotion of independence, choice, and strengths based approach.

Discussion with staff and management before and during the inspection confirmed that annual care reviews were being undertaken. Review of care records and documentation indicated that all reviews would be completed with the next two weeks. Staff outlined the system in place to monitor same; care records now contained the minutes of review meetings.

Managerial oversight

A comprehensive range of audits had been completed by various members of management. These were conducted both during and outside of standard working hours. Audits were detailed, accurate and regularly reviewed. Issues were clearly identified. We did feel that audits could be further improved if they contained details of actions taken to address issues. However there had been sufficient progress since the last care inspection, and there was a clear improvement in managerial oversight in the home. Staff told us:

- "Vera (manager) is effective, approachable and responsive. We are getting clear direction."
- "Vera (manager) is more visible – she does daily walkabouts."
- "If we raise any issues with staff, Vera (manager) addresses this."
- "The support from Sharon (regional manager) and Vera (manager) has been tremendous."

Review of monthly monitoring reports was satisfactory. Monitoring visits were completed both in and out of hours. Care practice was reviewed, and there was clear evidence that feedback was provided to staff to facilitate effective shared learning and quality improvement.

Complaints

Review of the home’s complaints records confirmed that improvements have been made. This included the use of in house complaint forms and records. Complaints were investigated and reviewed in a timely manner; there was clear evidence of follow up from management and that outcomes were shared with the complainant. One resident’s visitor told us: “I have no complaints whatsoever. No issues or concerns.”

Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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