



Unannounced Care Inspection Report 18 February 2020



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

Inspector: Marie-Claire Quinn

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 28 residents.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Vera Ribeiro 22 January 2020
Person in charge at the time of inspection: Vera Ribiero Craig Spiers, senior care assistant, was the person in charge of the residential home from 07.40 hours to 08.00 hours. Christine Smyth, team leader, was the person in charge of the residential home from 08.00 hours until the conclusion of the inspection.	Number of registered places: 28
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

An unannounced care inspection took place on 18 February 2020 from 07.40 hours to 14.55 hours.

This inspection was undertaken by the care inspector and conducted in conjunction with an inspection of the nursing home which is on the same site.

The inspection assessed progress with all areas for improvement identified in the Quality Improvement Plan resulting from the care inspection on 6 and 10 June 2019.

Evidence of good practice was found in relation to the quality improvement efforts and robust managerial oversight in the home. We were particularly impressed with the home's joint initiative with the PSNI to offer fishing trips to residents.

Two new areas requiring improvement were identified in relation to the home's adult safeguarding policy and infection prevention and control measures.

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

	Regulations	Standards
Total number of areas for improvement	0	*3

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, manager, and Sharon Butler, regional director, 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 inspection dated 5 November 2019

No further actions were required to be taken following the most recent inspection on 5 November 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from previous care inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

We met with 12 residents, five relatives, one visiting professional and five staff during this inspection.

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 following the inspection.

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

- staff duty rota from 3 to 23 February 2020
- staff registrations with Northern Ireland Social Care Council (NISCC)
- staffing tool analysis dated 11 February 2020
- the care records of six residents
- governance audits of the home's environment, dining experience, care documentation, adult safeguarding and dementia friendly environment from August 2019 to January 2020
- accident/incident records from February 2020
- monthly monitoring reports from October 2019 to January 2020
- adult safeguarding policy
- weekly menu

Areas for improvements identified during the care inspection on 6 and 10 June were reviewed and an 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 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.	Met
	Action taken as confirmed during the inspection: The inspection commenced at 07.40 hours. Six residents were awake, dressed and sitting in the lounge when we arrived. Some were sleeping. We spoke with residents who told us they usually liked to get up early. Other residents rose later in the morning, and we observed staff being flexible regarding this.	

	<p>Care records included information on residents' preferred daily routine, including rising and retiring times, as well as variations in this depending on each resident's expressed wishes on the day.</p>	
<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 – (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: Discussion with residents and staff, and observation established that practices in the home were more person centred and in keeping with the home's statement of purpose as a residential care home. This included post-falls management.</p> <p>There was evidence of some improvement in the provision of social, leisure and cultural activities. An area of good practice was identified in regard to the home's joint initiative with the PSNI to offer fishing trips to residents. This has been popular and successful to date and is a good example of community development.</p> <p>Care records were personalised and reflected the individual needs, wishes and interests of the resident. Care plans contained comprehensive information on resident's social history, through the use of 'life story' tool.</p>	<p style="text-align: center;">Met</p>

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: First time	<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>	Partially met
	<p>Action taken as confirmed during the inspection: Review of care records identified that some care plans had been signed by residents and/or relatives. This is important as it ensures that residents and/or relatives have contributed to and are in agreement with the agreed plan of care.</p> <p>We noted that there were several different templates and forms within care records where signatures could be recorded. We highlighted this to management to consider reviewing and streamlining this to ensure compliance.</p>	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: When we reviewed care records, the majority contained completed written consent forms.</p>	
Area for improvement 3 Ref: Standard 5 Stated: First time	<p>The registered person shall ensure:</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 That assessments contain comprehensive detail;</p> <p>5.4 That 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>	Met

	<p>Action taken as confirmed during the inspection: Review of care records established there was improvement in the detail of assessments, and the inclusion of consultation and input from relevant resident's representatives. Not all assessments were signed; as previously mentioned, this had been highlighted to management for review and action.</p> <p>It was our assessment that there was sufficient progress in this area.</p>	
<p>Area for improvement 4 Ref: Standard 6.2 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: Review of care records, discussion with staff and observation of practice confirmed that this area for improvement had been met.</p>	Met
<p>Area for improvement 5 Ref: Standard 3.4 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>Action taken as confirmed during the inspection: Review of care records confirmed that this was completed with the majority of residents and therefore this area for improvement was met.</p> <p>This was not in place for one resident who had recently been admitted to the home and was brought to the attention of management for immediate action.</p> <p>We also identified issues in relation to care documentation for residents who had been admitted since 2 December 2019 in terms of the partial implementation of the Mental Capacity (NI) Act 2016. Please see the report below for further details.</p>	Met

<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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records and discussion with staff and one visiting professional confirmed that this area for improvement had been met.</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Residents told us they enjoyed the food in the home and that they got enough to eat.</p> <p>We observed the serving of the breakfast and lunch time meal; portion sizes were suitable, and additional servings were available for residents during the breakfast and lunch time meal. Residents were offered choice and alternative options if necessary.</p> <p>The weekly menu was displayed and the options available were varied, wholesome and nutritious. The lunch time meal provided on the day of inspection was reflected in the weekly menu, although we were advised by staff that this was not always the case. Staff also reported that on occasions, residents had provided negative feedback on the meals provided in the home and that their preferences were not always taken into consideration when planning the menu.</p> <p>There were no records of complaints from residents or relatives regarding the catering arrangements in the home. The catering</p>		

	<p>arrangements were regularly audited and confirmed management were already aware of the issues raised by staff, which remained under review.</p> <p>Feedback was provided to management for further action and review.</p> <p>We were satisfied that sufficient progress had been made regarding this and therefore this area for improvement has been met.</p>	
<p>Area for improvement 8</p> <p>Ref: Standard 33</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medicine doses are prepared immediately prior to administration from the container in which they were dispensed.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observation of practice on the day of inspection confirmed that this area of improvement had been met.</p>	Met

6.2 Inspection findings

6.2.1 Consultation

We received positive feedback from the residents, relatives and one visiting professional we spoke with during the inspection.

Residents told us they were happy living in the home. Residents unable to clearly voice their opinions were seen to be relaxed and comfortable in their surroundings and when interacting with staff. Specific comments included:

- “I’m happy here. The food is good. The staff are good.”
- “Yes. I’m happy here. I like playing bingo when it’s on.”

The residents’ relatives we spoke with described how staff have provided person centred and compassionate care. They told us:

- “Staff have been terrific. They made sure my mother had a view of the mountains from her bedroom; that means so much to her and helped her settle in. She also likes bird watching so the staff are going to help her set up a bird feeder. And she tells us the food is terrific.”
- “The home is brilliant; the staff are excellent. I couldn’t praise them enough. The staff do appear under pressure at times, but the residents are really well cared for. Staff don’t hesitate to help.”

One community social worker was visiting the home during the inspection. They told us:

- “I have no concerns. Staff are very compassionate. They are good at communicating any issues.”

6.2.2 Environment

The home was clean, tidy and warm.

Staff mostly adhered to safe and healthy work practices to ensure effective infection prevention and control. We did observe that some staff had long nails and were wearing nail polish. This has been identified as an area for improvement.

The layout of the home has recently been changed and the residential home now occupies the ground floor only. Observation of practice and discussion with resident's relatives identified the need for additional communal space in the home. There were several visitors during the inspection and the main lounge was quite busy. Two small dining rooms were also busy.

Staff and management outlined plans to repurpose some rooms in the home to provide additional privacy and space for residents. This work is ongoing and therefore an area for improvement was not required on this occasion.

6.2.3 Staffing

No concerns regarding staffing levels were raised by residents or relatives. We saw care being delivered in a calm and organised way during the inspection. Residents were responded to promptly by kind, considerate and caring staff.

Although all staff felt residents were safe and looked after, they felt that there were times, especially during the night, when there are not enough staff available. Staff reported there were inconsistencies in daily staffing levels, and also reported the 'borrowing' of residential staff by the nursing home, which is on the same site.

We looked at a sample of management and care records which correlated with planned staffing levels. We discussed this at length with management who confirmed recent staffing changes to address some of the concerns raised by staff. They also clarified why there were more care staff working on some days. They agreed to review this and confirm these arrangements with staff.

We also discussed how refresher training and review of the delegation of tasks in the home may improve the service for residents and staff, for instance, reviewing with staff how they can better engage with residents who may wander at night time.

Management also confirmed that staffing levels will increase in line with the number and needs of residents.

6.2.4 Management oversight

It was positive to see that the majority of areas for improvement had been met and sustained.

When we reviewed audits and monthly monitoring reports, there were clear action plans in place. These were reviewed, actioned and monitored in a timely manner.

We were satisfied that there was robust and effective managerial oversight in the home.

6.2.5 Safeguarding

We identified that the home's Adult Safeguarding policy required review to ensure that it fully and clearly reflected regional policy, procedures and guidelines. A new area of improvement has been identified.

When we spoke with staff there was a lack of knowledge and understanding in relation to the regional Mental Capacity (NI) Act 2016 and the Deprivation of Liberty (DoL) safeguards. We discussed the recent admissions to the home; staff were unclear of the application of the DoL safeguards.

The manager had completed Level 2 training; Level 3 training was previously booked but has been rescheduled for 25 February 2020. There were no other arrangements in place for all staff to receive the training.

We met with Sharon Butler, regional care director, following the inspection who confirmed that the necessary safeguards for residents had been commenced prior to admission to the home. An area for improvement was not required on this occasion as we received sufficient assurances around a training plan for the home and the introduction of a local procedure to guide staff.

Areas of good practice

Evidence of good practice was found in relation to the quality improvement efforts and the more robust managerial oversight evident in the home. We were particularly impressed with the home's joint initiative with the PSNI to offer fishing trips to residents. This has been popular and successful to date and is a good example of community development.

Areas for improvement

Two new areas requiring improvement were identified. One was to ensure that the home's Adult Safeguarding policy provides full and clear guidance for staff on regional legislation, protocols and procedures. The second was to ensure safe and healthy work practices through the monitoring of staff's adherence to infection prevention and control measures. This is specifically in relation to the wearing of nail polish and the length of nails.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vera Ribeiro, manager, and Sharon Butler, regional director, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 18 April 2020	<p>The registered person shall ensure that the resident or their representative, where appropriate, signs 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>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Implemented check list for every service user to comply with this standard, this has been reviewed and completed.</p>
Area for improvement 2 Ref: Standard 28.3 Stated: First time To be completed by: 18 February 2020	<p>The registered person promotes safe and healthy work practices through the monitoring of staff's adherence to infection prevention and control measures. This is specifically in relation to the wearing of nail polish and the length of nails.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Infection prevention and control measures implemented. Company policy followed at all times. Review of staff nail polish/ length of nails on a monthly basis. No further issues identified.</p>
Area for improvement 3 Ref: Standard 16.1 Stated: First time To be completed by: 18 March 2020	<p>The registered person shall ensure that the home's Adult Safeguarding Policy provides full and clear guidance for staff on regional legislation, protocols and procedures.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Policy being reviewed at Northern Ireland level. Discussed expectations in relation to Mental capacity assessment and Deprivation of Liberty at regional level. Home is currently compliant with regulations.</p>

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



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