

# Inspection Report

5 May 2021



## Blair Mayne

Type of service: Residential Care Home  
Address: 107 Dakota Avenue, Newtownards, BT23 4QX  
Telephone number: 028 9182 4450

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Ms Nicola Cooper	<b>Registered Manager:</b> Mrs Vera Ribeiro  <b>Date registered:</b> 22 January 2020
<b>Person in charge at the time of inspection:</b> Mrs Vera Ribeiro	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered residential home which provides social care for up to 28 persons. The home is a modern purpose built building with the residential home located on the ground floor. The facilities include an enclosed garden.  The registered nursing home, Blair House, is located under the same roof .	

## 2.0 Inspection summary

An unannounced inspection took place on 5 May 2021 from 10:45am to 5:00pm, by a Care Inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the care in Blair Mayne was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

As a result of this inspection two areas for improvement were identified in respect of the evaluation of care plans and the displaying of the menu.

RQIA were assured that the delivery of care and service provided in Blair Mayne was safe, effective, compassionate and that the home was well led.

Residents said that living in the home was enjoyable; they talked and responded to staff in a familiar and comfortable manner. Staff were respectful of residents right to choice, for example where they sat during the day or where they liked to have their meals.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine if systems in place were effective in the management of the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager and Acting Care Director were provided with details of the findings.

### **4.0 What people told us about the service**

We spoke with five residents individually and with the majority at lunchtime; three staff were also spoken with. We received one completed questionnaire from a relative; they were very satisfied with all aspects of care within the home. They explained in their response that as their loved was admitted during the pandemic their comments relate to what they experienced during visiting which had mainly been in a designated area and socially distanced.

The residents asked for assistance, either by using their call bell or by attracting the attention of staff in the lounge. Those residents who had difficulty voicing their wishes were supported by staff in a patient and unhurried manner allowing them time to express what it was they wanted.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Blair Mayne was undertaken on 4 February 2021 by a Pharmacy Inspector. No areas for improvement were made as a result of this inspection; four were carried forward for review at the next inspection.

Areas for improvement from the last inspection on 4 February 2021.		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 3 (1) (a) (b) and (c); Schedule 1  <b>Stated:</b> First time	The registered person shall ensure that services are delivered in accordance with the statement of purpose as approved by the Regulation and Quality Improvement Authority at the time of registration. This is in relation to the management of falls in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of records evidenced that falls were managed appropriately and in accordance with a registered residential home.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> Second time	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.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the current global pandemic and restrictions on visiting the opportunities to meet this area for improvement in a meaningful way have been limited. The manager and staff recognised that with the reduction in restrictions around visiting greater opportunities will be available in the near future, therefore this area for improvement has been carried forward for review at a future inspection.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The current safeguarding policy, dated September 2020 included clear guidance for staff on regional legislation, protocols and procedures for Northern Ireland.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time	The registered person shall ensure that following a fall, the resident's risk assessment is reviewed, amended as changes occur and kept up-to-date to accurately reflect at all times the needs of the resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited; this included receiving references, completing police checks and having sight of the candidates full employment history prior to commencing work. All staff were provided with an induction programme to prepare them for working with the residents. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff were satisfied with the provision of staffing. The Manager told us that the number of staff on duty was regularly reviewed in line with resident dependency to ensure the needs of the patients were met.

It was noted that there was enough staff to respond to the needs of the residents in a timely way and to support flexible routines to suit residents' individual needs.

Residents spoke confidently about the staff, their attitude and the promptness with which they attended to them. Staff were knowledgeable of individual residents' needs and, with some residents, the obstacles they had when trying to make their needs known.

The evidence reviewed provided assurances that staffing was safe.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about residents' safety and/or poor practice.

Details on how to make a complaint were included in information provided to residents, for example the resident guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complainant was satisfied with the outcome. Any learning which may prevent the same issue occurring again was identified.

A number of residents had alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the resident's best interest.

Processes were in place to safeguard those residents who lacked capacity with making decisions about their care. The Manager was in regular contact with the relevant health and social care trust to ensure that the required safeguards in place were reviewed as required.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support residents to feel safe and be safe.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

The environment was well maintained. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The fire alarm was activated during the inspection; it was a false alarm and no fire was detected. Staff responded immediately and calmly to ensure the safety of the residents.

Residents' bedrooms were personalised with items important to them and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

In conclusion the home's environment was safely managed and comfortable.

### **5.2.4 How does this service manage the risk of infection?**

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for the re-introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

Appropriate precautions and protective measure were in place to manage the risk of infection.

### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Arrangements were in place to identify residents who had reduced mobility or unable to move independently and therefore at greater risk of skin breakdown. Staff confirmed that arrangements were in place with the local District Nursing service to ensure that any resident who developed a wound received the appropriate wound care.

If a resident had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Residents' next of kin and the appropriate organisations were informed of all accidents.

There was evidence that residents' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Where significant weight loss is identified this should be reflected in the care plan evaluation; this was identified as an area for improvement. Where required, records were kept of what residents had to eat; there was good detail of the precise nature of the meal eaten. Records of daily fluid intake were recorded for all residents.

Residents required a range of support with meals from simple encouragement through to assistance from staff. Residents had the choice of where to have their meals and a choice of dishes. Meals were served in the dining room or, at resident request, in their bedroom or in the lounge area. There was welcoming atmosphere in the dining room with residents chatting with one and other while waiting for their lunch. Tables were nicely set with cutlery and a choice of condiments. There was a choice of two dishes at each meal. Residents selected their choice at the time lunch was served; this is good practice. The daily menu was not displayed in the dining room; this was identified as an area for improvement. There were variations in staff satisfaction with the menu and the choice available. Residents generally said that they enjoyed the food. The manager was aware of the variations in staff opinion and had recently completed a dining room audit with the residents to gauge their opinion. The cook confirmed that, as a result of the audit a review of the menu was being undertaken and that the updated menu would be piloted and adjusted in response to residents likes and dislikes.

Residents' needs were clearly identified and communicated to staff. Evidence confirmed that care was being delivered effectively to meet the needs of the patients.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each resident required and were reviewed regularly to reflect the changing needs of the residents.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Staff responded to residents as individuals. They used their knowledge of residents' life history, their likes and dislikes to engage with them; this is good practice, particularly in dementia care. Staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Activities were planned on a monthly basis and were delivered in both small group settings and on a one to one basis. The activity leaders explained they talked to the residents and/or their relatives to identify their hobbies, interests and past times. The activity leaders were enthusiastic about the role activities played in the daily life of the residents. The residents enjoyed Mexican themed activities in the afternoon of the inspection.

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day, patients were afforded choice and had the opportunity to engage in social activities if they wished.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

There has been no change in the management of the home since the last inspection. Mrs Ribeiro has been the Manager in this home since January 2020. Staff spoken with were supportive of the Manager; they said she was approachable and regularly available to speak with.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The Manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.



The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

## 6.0 Conclusion

Discussion with residents and staff, observations and a review of resident and management records evidenced that care in Blair Mayne was delivered in a safe, effective and compassionate manner with good leadership provided by the Manager.

Staff responded to the needs of the residents in a timely way with flexible routines to suit individual needs. Resident and staff interactions were familiar yet respectful. Residents spoke confidently about the staff, their attitude and the promptness with which they attended to them.

As a result of this inspection two areas for improvement were identified in respect of the evaluation of nutritional care plans and the need to display the daily menu. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Alter as required)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* the total number of areas for improvement includes one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the Registered Manager and Acting Care Director. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> Second time	<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: 5.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 2 June 2021	<p>The registered person shall ensure that any significant weight loss is reflected in the evaluation of the relevant nutritional care plan.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The care plan identified on the day of inspection has been reviewed to ensure any significant weight loss is reflected. This has been addressed with the residential staff. The care plans are reviewed on an ongoing basis in the residential unit through documentation quality walk round audits. To ensure the nutritional care plan is reflective of the individual weight and prescribed interventions.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 2 June 2021	<p>The registered person must ensure that the daily menu is displayed in the dining room.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This has been addressed and the menus are displayed in the dining areas and the menu of the day recorded on the menu board adjacent to the dining area. To be reviewed as part of the daily manager walk round.</p>

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



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