

# Inspection Report

13 April 2023



## Blair Mayne

**Type of Service: Residential Care Home**  
**Address: 107 Dakota Avenue, Newtownards, BT23 4QX**  
**Tel no: 028 9182 4450**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Healthcare Ireland (No.4) Limited  <b>Responsible Individual:</b> Ms Amanda Mitchell	<b>Registered Manager:</b> Ms Melanie Reyes - Not Registered
<b>Person in charge at the time of inspection:</b> Ms Melanie Reyes	<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> 20
<b>Brief description of the accommodation/how the service operates:</b> <p>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.</p> <p>A registered nursing home, Blair House, is located within the same building and is under the same management.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 April 2023 , from 9.15am to 6.20pm by a care Inspector.

The inspection assessed progress with all 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.

It was evident that staff were knowledgeable to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they were satisfied with staffing levels, felt supported in their role and that the manager was approachable. It was observed that there were sufficient numbers of staff on duty to respond to the needs of residents in a timely manner.

New areas requiring improvement were identified, please refer to the Quality Improvement Plan (QIP) for details.

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. Addressing the areas for improvement will further enhance the quality of care and services in Blair Mayne.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

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

Eight residents, four staff, one relative and one visiting professional were spoken with during the inspection. Residents commented positively regarding the home and said they felt they were well looked after. One resident said, "I am well looked after, I am glad I am living here, I have no complaints", whilst another said "I had a nice lunch today, the care is good and I have no complaints".

A relative spoke of how, "The care is good and communication with the home is good."

A visiting professional spoke of how, "Communication with the staff team is good."

Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

One staff member responded to the online survey following the inspection. This feedback indicated some dissatisfaction, this was brought to the attention of the management team for consideration.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection, no comments were provided from residents or relatives via the questionnaires provided.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 24 January 2023		
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 17(1) <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and records maintained, to evidence that they are effective in identifying any problems with quality of services in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2)(a)(c) <b>Stated:</b> Second time	The registered person shall ensure that substances hazardous to the health of residents, such as disinfectant, are safely stored in accordance with COSHH requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the practice of keeping communal hairbrushes is ceased within the home.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>		
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> Third time</p>	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified residents care plan contains detail about any pressure relieving equipment such as mattresses.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Review of staff registration with the Northern Ireland Social Care Council (NISCC) could not confirm that all staff were appropriately registered. An area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours were not included on the duty rota; this was brought to her attention for information and immediate action. The duty rota identified the person in charge when the manager was not on duty.

Review of records and discussion with the manager evidenced that there had been no regular staff meetings held, a recent planned meeting had been rescheduled. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Staff training figures for Deprivation of Liberty Safeguards (DoLS) and fire awareness training was not at an optimal level; an area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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 residents' 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.

It was observed that not all bedrooms had call bell leads available. An area for improvement was identified. Following the inspection, the Business Services Development Director confirmed that all missing call bell leads had been replaced in the bedrooms.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. There was a malodour evident in an identified bedroom. This was brought to the manager's attention and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A fire escape door was found to have had been modified, and the easy opening devices had been removed from the door. This was discussed with the management team and was immediately made safe. RQIA requested the fire risk assessment for the home to be reviewed following inspection. This was completed, and action points were identified by the fire risk assessor. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

A fridge in a dining room required more effective cleaning. There should be a programme in place to ensure this fridge is regularly checked and cleaned. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that 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.

A programme of activities was on display for residents. The range of activities included musical activities, movies and games. The activity records were not available on the day of inspection. These records were sent to RQIA following the inspection. Review of these activity records evidenced structured activities were not taking place on a consistent basis for the residents. An area for improvement was identified.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Ms Melanie Reyes has been the acting manager in this home since 2 February 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. Action plans from these audits could be further developed, this was discussed with the manager for information and action.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would review these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.



Residents and their relatives said that they knew who to approach if they had a complaint/had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. These are available for review by residents, their representatives, the Trust and RQIA.

## 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) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	6

Areas for improvement and details of the Quality Improvement Plan were discussed with Melanie Reyes, Manager, and Lorraine Kirkpatrick, Business Services Development Director, as part of the inspection process. 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 Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)(c) (ii)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that all staff in the home are registered with the appropriate regulatory body.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> This has been addressed. Identified staff are now registered with NISCC.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of Inspection	The registered person shall fully action the items identified in the Fire Risk Assessment, in line with the timescales.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> This has been addressed. All actions identified in the most recent Fire Risk Assessment have been met.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 26  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that staff meetings are held on at least a quarterly basis.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> A meeting planner is now in place for quarterly meetings for all staff to attend. A weekly departmental meeting is also in place to keep all departments up to date with all issues and concerns in the Home.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23  <b>Stated:</b> First time	The registered person shall ensure that all staff receive mandatory Deprivation of Liberty Safeguards (DoLS) and fire awareness training.  Ref: 5.2.1

<p><b>To be completed by:</b> 30 June 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> This has been addressed.Fire Awareness Training is now on 100 % and DOLs is 98 %.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard E8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection.</p>	<p>The registered person shall ensure that residents have call bells available and within reach. When residents are unable to use call bells, this needs to be included in the care plan, indicating how a resident will summon assistance, or what monitoring arrangements are in place as an alternative.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This has now been addressed. All residents' bedrooms with missing or faulty call bells have been replaced unless, if risk assessed to be unsuitable for residents's use.This is reflected in the care plan and alternative arrangements are insitu to enable the resident to summon assistance ie-more regular bedroom checks,taking into consideration a lesser intrusive interval of checks.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection.</p>	<p>The registered person shall ensure that the malodour in the identified bedroom is addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Cleaning schedule has been revisited and meetings and supervisions were held both with Domestic and Care staff to make sure the identified bedroom is cleaned at least daily.Home Manager/Unit Manager to regularly check domestic records to ensure compliance.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection.</p>	<p>The registered person shall ensure that the fridge in the dining room is effectively cleaned. A cleaning schedule should be in place, and a record of cleaning should be maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A cleaning schedule has now been put in place to ensure recording of cleaning and its frequency is maintained as per infection control policy .Unit manager to include fridge cleaning schedule in the monthly infection control audit .</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection.</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities, relating to the identified needs of the residents. A contemporaneous record of activities delivered must be retained.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A dedicated Personal Activities Leader works in the units to plan the daily, weekly and monthly activities of the residents based on their assessed needs. The activities as well as the corresponding resident engagement is comprehensively recorded in the contemporaneous records.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

