



Unannounced Follow-up Care Inspection Report 16 July 2020



Blair Mayne

Type of Service: Residential Care Home
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Tel No: 028 9182 4450
Inspector: Marie-Claire Quinn

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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 residential care home with 28 beds that provides care for residents living with dementia.

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 Ribeiro	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: 22

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An unannounced inspection took place on 16 July 2020 from 10.40 to 17.15 hours. This inspection was conducted in conjunction with an inspection of the nursing home which is on the same site and under the same management.

The inspection sought to assess progress with issues raised during and since the previous care inspection on 18 February 2020.

The following areas were examined during the inspection:

- staffing
- care delivery
- management of falls
- environment
- Infection Prevention and Control Measures
- management and governance arrangements

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

*The total number of areas for improvement includes one standard which has been stated for a second time and two standards which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, Manager, and Tracey Henry, Interim Operations Manager, 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 care inspection

Other than those actions detailed in the QIP no further enforcement actions were required to be taken following the most recent inspection on 18 February 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed, including:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

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

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.

The following records were examined during the inspection:

- staff duty rota for the period 23 June – 26 July 2020
- activities schedule
- care records for three residents
- accidents and incidents records from April – June 2020
- monthly monitoring reports dated 21 February 2020, 21 and 22 April 2020, and 23 June 2020

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 previous inspection(s)

Areas for improvement from the last care inspection		
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: 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. Ref: 6.1	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.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	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. Ref: 6.2.1	Not met
	Action taken as confirmed during the inspection: We identified that this area of improvement has yet to be embedded into practice. This area for improvement has been stated for a second time. Please refer to section 6.2.3 for further information.	
Area for improvement 3 Ref: Standard 16.1 Stated: 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. Ref: 6.2.5	Carried forward to the next care inspection

	<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>	
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6.2 Inspection findings

6.2.1 Staffing

There was a calm and quiet atmosphere in the home throughout the inspection. Although staff were busy, residents were responded to promptly. We observed kind, caring and cheerful interactions with residents. One resident told us:

- “I’m getting too used to getting things done for me. I don’t like to bother staff but they tell me to use the call bell so they can help.”

Discussion with staff and observation of practice confirmed they had a good knowledge and understanding of resident’s individual needs, wishes and preferences. Any signs of distress or discomfort were quickly responded to, and residents appeared relaxed when interacting with staff.

The staff we spoke with were mostly positive about working in the home, and demonstrated great care and compassion towards the residents. Staff told us:

- “Some things were delayed by covid, but I feel we are organised; we are aware of what we need to do and I feel able to do them. We have care huddles on each shift, and there is good team work here.”
- “You can feel stretched sometimes, if someone rings in sick...It would be nice to have more time to do their (residents) hair and nails, and have a chat but I feel the residents get all they need. They are like my family.”
- “This is a busy unit but residents get all they need. Night shifts are busy but manageable. Our residents come first.”

Some staff expressed uncertainty about proposed changes to night staff. This feedback was provided to management who advised staffing is being reviewed in line with the home’s occupancy and dependency levels of residents. Night shifts will now include a ‘twilight’ shift. Management agreed to communicate this further with staff and that staffing levels will remain under review.

6.2.2 Care delivery

Residents were enjoying ‘Juke Box Favourites’ when we arrived in the home. Several residents were sitting in the lounge, listening to the music. Other residents were resting in their bedrooms or enjoying a lie in. Residents were quiet and subdued throughout the inspection; many enjoyed relaxing in the lounge and talking with their friends. Some enjoyed watching ‘Calamity Jane’ after lunch.

It was clear staff had taken time to support residents to attend to their personal care; residents looked clean and comfortable. Some residents had recently had their hair done by care staff in the home.

We observed the serving of the lunch time meal. This was organised and efficient as tasks were delegated well. Residents were offered a choice of main meal and dessert; alternative meals and portion sizes were offered depending on the residents' individual needs and preferences, and such information was reflected in their care records. Staff were visible and attentive throughout the meal. Residents told us they had enjoyed their meal and got plenty to eat.

Residents did tell us they missed having visitors, although understood the reasons for this given current COVID-19 restrictions. Management and staff outlined how they had facilitated visiting using technology and they continued to risk assess the situation to provide garden visiting and consider how to safely move towards visitors in the home. Garden visits were arranged in advance and were included as part of the activities schedule.

Arrangements were in place to ensure that any resident receiving end of life care had visitors. This was well organised in a caring and compassionate manner by staff. We spoke with one relative who told us:

- "I am very happy with the home and the care my mum is getting. My mum would be the sort to tell you if she wasn't happy; and she is. Christine (team leader) is just great. Staff are kind, bringing her the newspaper in daily. I know she is comfortable and that means a lot."

6.2.3 Management of falls

During our inspection, the staff we spoke with presented with a good knowledge and understanding of residents' changing needs. Staff were able to describe how they ensured residents were comfortable and treated with dignity at all times. We observed staff maintain good liaison and advocate well with multi-agency professionals including district nursing and GPs. This was also evidenced in care records, which also confirmed good levels of communication with relatives and care managers.

We reviewed accident and incident records, including falls. We noted one incident which had not been notified to RQIA; this was submitted retroactively following the inspection.

We also identified one incident which referenced input from a nurse registered to work in Blair House nursing home. Discussion with management established that although residential care staff have received falls management training, they may contact nursing home staff for additional support following a fall. We agreed that, in an emergency, nursing staff have a duty of care and professional responsibility to respond to residents' needs. However, this should not be standard practice as each home should be staffed in line with their registration. This has therefore been stated as an area of improvement under regulation.

In addition, we noted that this incident was not reflected in the resident's falls risk assessment, which had not been signed or dated. As no similar deficits were identified in other care records, it was agreed this could be managed through the Quality Improvement Plan. This has been stated as an area for improvement under the standards.

6.2.4 Environment

The home was clean, tidy and well-maintained.

On two separate occasions, we noted that the door to the dining room was wedged open using a wooden wedge and a chair. This is a fire door. This was discussed with the manager who agreed that this practice would stop immediately and this has been stated as an area of improvement.

We identified a need to review the home's environment to ensure it was dementia friendly for the residents. Discussion with the manager and review of governance records confirmed that there were plans in place to address this. This had been delayed as the home had experienced an outbreak of COVID-19; however, there were plans to progress this. An area for improvement was therefore not required on this occasion and this will be reviewed at future inspections.

6.2.5 Infection prevention and control measures

Relevant information and signage was available at the entrance of and throughout the home.

We observed staff adhering to appropriate Infection Prevention and Control (IPC) measures, including the use of Personal Protective Equipment (PPE) and effective hand hygiene.

The staff we spoke with were positive about the availability of PPE, although acknowledged this had been difficult at the start of the COVID-19 pandemic. Staff also confirmed that they had received appropriate training and guidance on IPC and the use of PPE.

One exception was that some members of staff were wearing nail polish. This had been identified as an area of improvement at the last care inspection. Staff confirmed this had been addressed by management in the home, including staff meetings and memos. However, as this had yet to be embedded into practice, it has been stated as an area of improvement for a second time.

6.2.6 Management and governance arrangements

Staff spoken with were positive about working in the home. They felt that there was good communication in the home, with regular handovers and updates throughout the pandemic. Staff told us:

- "Vera (manager) is very supportive and approachable."
- "Vera is very approachable."

The manager reported that they were supported daily by the deputy manager and the interim regional care director, who also joined the inspection as an additional support. This also enabled the manager to chair the staff meeting which had been planned for that day.

The monthly visits required to be undertaken to review the quality of the services provided have been completed remotely with the use of IT support due to the current Covid-19 pandemic. These reports included action plans which were reviewed and implemented by management in a timely manner.

Areas of good practice

Evidence of good practice was identified in relation to care delivery and the management and governance arrangements in the home.

Areas for improvement

Three new areas for improvement were identified in relation to the management and documentation of falls, and ensuring that fire doors are not wedged open.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

Evidence of good practice was identified in relation to care delivery and management and governance arrangements in the home.

New areas for improvement were identified in relation to the management and documentation of falls, and ensuring that fire doors are not wedged open.

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 Tracey Henry, Interim Operations Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 3 (1) (a) (b) and (c); Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>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.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The falls within the home will be reported to the RQIA when medical intervention is being requested and post falls pathway updated accordingly. The plan of care and risk assessments will also be updated to reflect any changes in care and/or identified risks. A falls analysis is completed on a monthly basis to identify a route cause analysis and review learning outcomes.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 18 April 2020</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>Ref: 6.1</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 2</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 18 March 2020</p>	<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>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 3</p> <p>Ref: Standard 28.3</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of</p>	<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: 6.2.3</p>

the inspection	Response by registered person detailing the actions taken: An internal Infection control audit has been completed and emphasis on safety control measures around the wearing of nail polish. This is also observed through Manager Daily Walk Rounds and weekly Environmental Audits. This will continue to be reviewed.
Area for improvement 4 Ref: Standard 29.2 Stated: First time To be completed by: Ongoing from the date of the inspection	The registered person shall ensure that the practice of wedging open the fire door to the dining room ceases immediately. Ref: 6.2.2 Response by registered person detailing the actions taken: A doorguard has been fitted to the identified door on the day of the inspection and staff have been advised not to wedge open doors without electric hold mechanism.
Area for improvement 5 Ref: Standard 5.5 Stated: First time To be completed by: Ongoing from the date of the inspection	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. Ref: 6.2.4 Response by registered person detailing the actions taken: Residential staff have been made aware of the importance of reviewing risk assessments following a fall in a timely manner. This will be reviewed through the internal falls audit process.

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



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