

# Inspection Report

## 20 February 2024



## Blair Mayne

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

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## 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 Leeanna Bonar – not registered
<b>Person in charge at the time of inspection:</b> Ms Leeanna Bonar	<b>Number of registered places:</b> 20
<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.  A registered nursing home, Blair House, is located within the same building and is under the same management.	

## 2.0 Inspection summary

An announced inspection took place on 20 February 2024, from 10.00am to 5.00pm by a care and an estates Inspector.

The inspection sought to assess variation VA 012177 that was submitted to RQIA by the homes management, to reduce the registered beds from 28 to 20.

RQIA also carried out a care inspection to assess 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 and well trained to deliver safe and effective care.

One new area requiring improvement was identified Please refer to the Quality Improvement Plan (QIP) for details.

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.

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 area 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**

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "We are very well looked after, I have no complaints." Another resident spoke of how "The food is good and there are plenty of activities. The care is good."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

No additional feedback was received from residents, relatives or staff following the inspection.

## 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 13 April 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 20(1)(c) (ii) <b>Stated:</b> First time	The registered person shall ensure that all staff in the home are registered with the appropriate regulatory body.	<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 27 (4)(a) <b>Stated:</b> First time	The registered person shall fully action the items identified in the Fire Risk Assessment, in line with the timescales.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 26 <b>Stated:</b> First time	The registered person shall ensure that staff meetings are held on at least a quarterly basis.	<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> 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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the malodour in the identified bedroom is addressed.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p> <p>.</p>	<b>Met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing, Care Delivery and Record Keeping

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC)

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

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

There was evidence of regular staff meetings in the home. It was discussed with the manager the need for staff to sign the record of these meetings.

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 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.

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.

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.

### 5.2.2 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.

Residents' needs were met through a range of individual and group activities, such as musical activities, games and religious services.

### 5.2.3 Management of the Environment, Infection Prevention and Control, and Management and Governance Arrangements

Observation of the home's environment evidenced that the home was clean and well maintained.

In considering VA012177, further clarification was sought from the homes management around visitor access to Blair House Care Home, and Blair Mayne. Both Blair Mayne, and Blair House Care Home, are contained within the same Building. Clarification on visitor access arrangements was received from the homes management on the 22 February 2024. RQIA approved Variation VA012177 on the 28 February 2024.

Boxes of incontinence products were found on the floor in four bedrooms. This was discussed with the manager 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

There has been a change in the management of the home since the last inspection. Ms Leeanna Bonar has been the acting manager in the home from 29 November 2023

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

Residents said that they knew who to approach if they had a complaint and 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.

## 6.0 Estates Inspection in relation to variation VA012177

The purpose of this variation was to reduce the number of beds registered in the residential unit from 28 beds to 20 beds.

Alterations were made to the existing premises to provide a new entrance and reception area for the residential unit. This resulted in the loss of a bedroom and en-suite which was reinstated in the adjacent activity room and store. The reinstated bedroom and associated en-suite exceed the current DoH Care Standards with regards to area and critical dimensions, and were found to have been constructed and decorated to a high standard. The en-suite facilities also have suitable controls in place to ensure safe hot water is provided.

The residential unit continues to provide a range of communal spaces for residents which exceeds the current DoH Care Standards.

Documentation presented prior to the inspection and forwarded following the inspection, indicated that the premises and the engineering services and equipment are installed and commissioned in line with relevant legislation, ACOPs and best practice guidance. All relevant risk assessments, including for fire and water safety, had been updated to take account of the alterations and additions made to the home.

## 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' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2024	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to, but not limited to, incontinence pad storage in the home.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been reviewed and the incontinence pads are stored appropriately</p>

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



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