

Inspection Report

20 September 2022



Blair Mayne

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

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

Organisation/Registered Provider: Healthcare Ireland (No. 4) Limited Registered Person/s OR Responsible Individual Mrs Amanda Mitchell	Registered Manager: Mr Adam Dickson– not registered
Person in charge at the time of inspection: Mr Adam Dickson	Number of registered places: 28
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 24
Brief description of the accommodation/how the service operates: <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 20 September 2022 from 9.50 to 5.00pm am by a care Inspector.

On 18 August 2022 RQIA received information that the South Eastern Health and Social Care Trust (SEHSCT) had issued a Performance Notice to the Responsible Individual (RI) because it was concerned in relation to the management of medicines in the home. A medicines management inspection was undertaken by RQIA, on 25 August 2022, in response to this information. The medicines management inspection resulted in four new areas for improvement being identified.

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.

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 were attentive to the residents needs and carried out their work in a compassionate manner. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two areas for improvement that had been identified at the last care inspection were not reviewed at this inspection as it was acknowledged that there had not been sufficient time to drive and sustain the required actions. New areas requiring improvement were identified. Please refer to the Quality improvement Plan (QIP) for details.

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.

4.0 What people told us about the service

Five residents and three staff 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 very happy, the girls are good to me. I am offered choice, I love it here", whilst another said "I have no complaints, the staff are brilliant, they put activities on for us".

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

Two staff responded to the online survey following the inspection. This feedback was mixed, This was brought to the attention of the manager.

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 21 and 22 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First 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.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed in section 5.2.3	
Area for improvement 2 Ref: Regulation 10(1) Stated: First time	The registered person shall ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 12(1) (a) Stated: First time	The registered person shall provide care to residents in accordance to the homes statement of purpose, and shall ensure the care provided to the resident meets their individual needs.	Met

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p>	
<p>Area for improvement 4 Ref: Regulation 13(1) (a) and (b) Stated: First time</p>	<p>The registered person shall ensure that the residential care home is conducted so as to make proper provision for the care and supervision of residents.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 5 Ref: Regulation 17(1) Stated: First time</p>	<p>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.</p> <p>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.</p>	Carried forward to the next care inspection
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 6.3 Stated: 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>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.</p>	Carried forward to the next care inspection
<p>Area for improvement 2 Ref: Standard 12.4 Stated: Second time</p>	<p>The registered person shall ensure that the daily menu is displayed in the dining room.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<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; shower chairs, incontinence pad storage and the fitting of covers on pull cords in the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff not able to comply with the wearing of PPE under regional guidance, have a risk assessment completed and regularly updated.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience for residents to ensure staff are deployed appropriately to ensure all residents receive the right supervision and support at meal times.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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.

A menu was on display for each dining room, but this was not displayed in a dementia friendly format. This was discussed with the management team who discussed that a new format was planned. Following the inspection, RQIA were provided with photographic evidence that new menus in a dementia friendly format were in use.

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.

Residents who are less able to mobilise require special attention to their skin care. One resident used a pressure relieving mattress; this was not however reflected in their care plan. This was discussed with the manager and an area for improvement was identified.

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, music was playing, 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. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

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.

5.2.3 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. 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.

`Steradent cleaning tablets` was found in four resident's bathroom cabinets that were unlocked. The domestic store was also unlocked. These issues were brought to the attention of staff who ensured the steradent tablets were stored appropriately, and the domestic store was locked. This was discussed with the manager, and an area for improvement was stated for a second time.

A box of communal hairbrushes was found in the slice room. This discussed with the manager and an area for improvement was identified.

A shower chair in a bathroom needed more effective cleaning. This was brought to the attention of staff and addressed on the day of inspection.

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

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.

Residents told us 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 baking, relaxation, mocktail making, and music.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Adam Dickson has been appointed as acting manager as of 19 September 2022.

The system of auditing in place to monitor the quality of care and other services provided will be reviewed at the next care inspection in order to provide the management team with sufficient time to implement the required improvements.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would address 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 there was a system in place to monitor accidents and incidents and to ensure that these were reported appropriately to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the management team and described them as supportive.

Discussion with the management team and review of records established that the home was operating in accordance with the Statement of Purpose and within their registration status.

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
Total number of Areas for Improvement	7*	2*

* the total number of areas for improvement includes one that have been stated for a second time, and six which are carried forward for review at the next inspection.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(4) Stated: First time To be completed by: Immediately and ongoing (from 25 August 2022)	The registered person shall ensure that there is a robust medicines management audit system in place so that errors/incidents are identified and addressed and medicines are administered to residents as prescribed. Ref: 5.2.3 & 5.2.5 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: Immediately and ongoing (from 25 August 2022)	The registered person shall ensure that an accurate written confirmation of medicines is obtained at or prior to admission of a new resident. Ref: 5.2.4 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13(4) Stated: First time To be completed by: Immediately and ongoing (from 25 August 2022)	The responsible person shall ensure that safe systems are in place for the management of warfarin. Ref: 5.2.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 13(4) Stated: First time To be completed by: Immediately and ongoing (from 25 August 2022)	The registered person shall ensure that the consistency of thickening agents are clearly and accurately recorded at all times. Ref: 5.2.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 5</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as disinfectant, are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.1,5.2.3</p> <p>Response by registered person detailing the actions taken: This was discussed with all staff during team meetings and safety huddles. Compliance will be spot checked by the Registered Manager or designated person when completing the daily walk round. The Regional Manager will also review during Regulation 29 monitoring visits.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the practice of keeping communal hairbrushes is ceased within the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was immediately addressed following the inspection and followed up with staff during team meetings and safety huddles. Compliance is monitored during the daily walk round.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: 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>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: 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>Ref: 5.2.2</p>
<p>To be completed by:</p> <p>Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>Staff have been reminded to ensure any resident assessed as requiring pressure relieving equipment must have details of this included in the relevant care plan. The Registered Manager will monitor compliance during the audit process.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care