

Inspection Report

21 and 22 July 2022



Blair Mayne

Type of service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (No. 4) Limited Responsible Individual: Mrs Amanda Mitchell	Registered Manager: Mr Ryan Kelly – not registered
Person in charge at the time of inspection: Mr Ryan Kelly	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: 27
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 21 July 2022 from 10.00 am to 5.00 pm and 22 July 2022 from 10.00 am to 4.30 pm 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.

This inspection also assessed the day to day operation of the home since Healthcare Ireland became the owner and registered provider on 25 March 2022.

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.

However; concerns were identified in relation to governance and managerial oversight in the home; the admission of an identified resident to the home; the supervision and management of an identified resident to the home; the mealtime experience; staffing levels; activity provision; and Infection Prevention and Control (IPC) deficits.

Given these concerns, the management team were invited to attend a serious concerns meeting at RQIA's offices on 28 June 2022. At this meeting the management team shared a robust action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the nine new areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

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 this report were provided to the manager, support manager and regional manager at the conclusion of the inspection.

4.0 What people told us about the service

Seven residents and four 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, "We are well attended to, I feel safe here. The girls are good to me", whilst another said "I am

well looked after, they keep my room clean. I have no complaints". Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

Staff voiced concerns at the proposed reduction in staffing levels week commencing 25 July 2022, and the effects on staff morale. Staff commented on dissatisfaction in relationships with management. This is discussed further in section 5.2.1. Specific feedback was shared with the manager for action and review.

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 by staff via the on-line staff survey, or 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 05 May 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.2.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that any significant weight loss is reflected in the evaluation of the relevant nutritional care plan.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person must ensure that the daily menu is displayed in the dining room.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2	

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.

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

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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. The lunchtime experience for residents was pressured and disjointed; this was in relation to the deployment of staff. This is further discussed in section 5.2.2.

One resident had been assessed as requiring one to one supervision in conjunction with the Trust. This increased level of supervision had not been provided by the home. This is discussed in section in 5.2.5.

Staff reported that management had reviewed staffing levels with a view to reducing the number of staff working in the home from the week commencing 25 July 2022. This was discussed with the management team who confirmed that staffing levels had been reviewed in regards to resident dependency levels. However; the dependency level records were not available on the day of inspection. This was discussed at the meeting with RQIA on the 29 July 2022 where the management team provided adequate assurances as to how staffing levels would be reviewed and managed.

A number of staff reported dissatisfaction with working relationships with management. Specific feedback was shared with the management team who agreed to continue to review and action as appropriate.

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.

Issues were identified regarding the admission of a resident to the home from Blair House nursing home. There was no reassessment of the resident's needs on admission, or consideration of how the resident's nursing needs would be met whilst in a residential care home. The resident was also moved to a more restrictive environment, with limited evidence of whether Deprivation of Liberty Safeguard's had been considered. In addition, the home was operating outside its statement of purpose and registration with RQIA. This is discussed further in section 5.2.5.

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 for residents appeared disjointed. Three areas in the home were being used to facilitate residents at mealtimes. The menu for the residents was displayed outside the dining room, but not in a dementia friendly format. It was not displayed in the other two areas being used for dining. This previous area for improvement was therefore partially met and is stated for a second time.

Staff voiced their concerns about the lack of supervision of residents over mealtimes. On the day of inspection, staff were not deployed to the different areas to facilitate a positive and organised dining experience for residents. The home was providing a barbecue lunch on the day of inspection. There was a lack of choice provided to residents, and two residents spoke of their dissatisfaction with the lunch provided. During the meeting on the 29 July 2022, the management team agreed that staff would be deployed to ensure all residents received the right supervision and support at meal times. An area for improvement was also identified.

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.

Three care plans had not been signed by the resident, their representative or the manager, to ensure that the care plan had been discussed and agreed. The manager did discuss a new care plan documentation that would allow for this to be completed going forward. This was also discussed during the serious concerns meeting on the 29 July 2022. This area for improvement is therefore not met and is stated for a third time.

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. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

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 spend their time 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 aware of their training in these areas and how to respond to any concerns or risks.

There were areas in the home where infection prevention and control issues were identified. For example a number of shower chairs needed replacing due to signs of rust; incontinence pad boxes were inappropriately stored and wipe able pull cord covers were missing, which meant they could not be effectively cleaned. Full details were discussed with the manager and an area for improvement was identified.

Disinfectant was accessible in an open dining room cupboard. This was removed during the inspection. 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. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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. Staff were observed to carry out hand hygiene at appropriate times. One staff member was observed not wearing a face mask (only a visor). There was no evidence of how this had been risk assessed and managed. This was discussed at the meeting with RQIA on the 29 July 2022. An area for improvement was identified.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

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.

Discussion with staff and observation of practice established that there was not a structured activity programme in place for residents. Two residents also commented on the lack of activities in the home.

No structured activity was observed in the home on the 21 July, apart from the barbeque lunch that was served. Two residents spoke of how they watched television or read to occupy their time. No activity planner was on display in the unit. This was discussed with management who advised that activities were provided, however no records were available to evidence this. Records of structured activities for residents were forwarded to RQIA for review following the inspection. These records evidenced a lack of planned activities in the home. This was discussed further at the meeting on the 19 July 2022 where the management team explained that the activity programme was being reviewed. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Ryan Kelly has been the acting manager since 17 January 2022, and has submitted an application to register with RQIA as Registered Manager of the home.

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.

As discussed in section 5.2.2, a resident was moved between Blair Lodge Care Home and Blair Mayne Nursing Home, without timely reassessment or consideration of their nursing needs. This also meant the home was operating outside its registration with RQIA and its statement of purpose. The resident also had been assessed as requiring an increased level of supervision which the home did not provide. The home was unable to provide evidence that that this inability to provide increased supervision had been communicated with the Trust. There was no

evidence that this move between homes was considered from a human rights perspective, in terms of consideration of existing relationships and moving to a more restrictive environment. These issues were discussed at the meeting with RQIA on the 29 July 2022. At this time the home had taken steps to ensure they were complying with its registration status and working within its statement of purpose. Three areas for improvement were identified.

Management confirmed that a system of auditing was in place to monitor the quality of care and other services provided. Completed audits were limited in their robustness, and in their ability to identify deficits and drive improvement within the home. An area for improvement was identified.

Residents spoken with said that they knew how to report any concerns and said they were confident that these would be addressed.

There was a system in place to manage complaints.

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

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 the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	5	6*

* The total number of areas for improvement includes one standard that has been stated for a third time, and one that has been stated for a second time.

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 22 July 2022)</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: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was actioned immediately. Spot checks are now also being carried out during daily walkabouts to ensure that all substances hazardous to health are stored safely in accordance with COSHH requirements.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 22 July 2022)</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The home is currently operating in accordance with its Statement of Purpose and within the registration status of the home. The Registered Manager is fully aware to report any changes in any Resident's condition or status to both the Regional Manager and Responsible Person immediately.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 22 July 2022)</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The care being provided to Residents in Blair Mayne is in accordance to the homes Statement of Purpose to ensure that it meets each individual's needs. The care is being regularly monitored by Senior Management visits to the home and during the monthly Regulation 29 visits.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(1) (a) and (b)</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>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 22 July 2022)</p>	<p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This is being closely monitored by Senior Management to ensure that any Resident requiring enhanced supervision is getting it. The Registered Manager is fully aware to contact the Regional Manager should cover not be available so that staff may be sourced from another home.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2022</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: 5.2.5</p> <p>Response by registered person detailing the actions taken: There is a robust system of audits which are being completed and maintained in the home as evidence that they are effective in identifying any problems with quality of services in the home. These audits are being checked by Senior Management visits and during the monthly Regulation 29 visits to the home.</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>To be completed by: 6 September 2019</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>Response by registered person detailing the actions taken: This is currently being actioned. Care records are being transferred from PRIORITY to Healthcare Ireland documentation. Staff are asking residents, where appropriate, or their representative to sign the care plans. Should they choose not to sign, this is also being recorded.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the daily menu is displayed in the dining room.</p> <p>Ref: 5.1</p>

<p>To be completed by: 2 June 2021</p>	<p>Response by registered person detailing the actions taken: This has been addressed. The daily menu is currently displayed in the dining room.</p>
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 31 September 2022</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. Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed and is being monitored on an ongoing basis during daily walkabout around the home to ensure that the environment is maintained clean and tidy to minimize the risk of infection.</p>

<p>Area for improvement 4 Ref: Standard 28.5 Stated: First time To be completed by: Immediately and ongoing (from 22 July 2022)</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. Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed. The risk assessment has been completed and is in the identified staff member's personnel file. The Registered Manager is now aware of the need to complete a risk assessment for any staff member going forward who is not able to comply with the wearing of PPE under regional guidance.</p>
<p>Area for improvement 5 Ref: Standard 13 Stated: First time To be completed by: 01 October 2022</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. Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has been addressed. Daily activities are being provided in the home to ensure they meet the identified needs of the Residents.</p>

Area for improvement 6 Ref: Standard 12 Stated: First time To be completed by: 01 September 2022	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. Ref: 5.2.4
	Response by registered person detailing the actions taken: The dining experience has been reviewed to ensure that staff are deployed appropriately to ensure all Residents receive the right supervision and support at mealtimes.

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



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