



# Inspection Report

## 4 February 2021



## Blair Mayne

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

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

---

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>**

## 1.0 Profile of service

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

## 2.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual):</b> Mrs Nicola Cooper	<b>Registered Manager and date registered:</b> Mrs Vera Ribeiro 22 January 2020
<b>Person in charge at the time of inspection:</b> Mrs Vera Ribeiro	<b>Number of registered places:</b> 28
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 18

## 3.0 Inspection focus

This announced inspection was undertaken by a pharmacist inspector on 4 February 2021 from 09.45 to 12.35.

Short notice of the inspection was provided to the registered manager in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

This inspection focused on medicines management within the home. The inspection also assessed progress with two of the areas for improvement identified at the last care inspection.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspections findings, registration information, and any other written or verbal information received.

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records
- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- governance and audit
- staff training and competency records
- medicine storage temperatures

#### 4.0 Inspection Outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1*	3*

\*This includes areas for improvement which have not been reviewed during this inspection and have been carried forward for review at the next inspection. No new areas for improvement were identified.

Findings of the inspection were discussed with Mrs Vera Ribeiro, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

**5.0 What has this service done to meet any areas for improvement made at or since the last inspection on 16 July 2020?**

<b>Areas for improvement from the last inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 3 (1) (a) (b) and (c); Schedule 1  <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> 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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 28.3 <b>Stated:</b> Second 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff were observed to adhere to safe and healthy work practices by following infection prevention and control measures. No staff were observed to be wearing nail polish. The manager advised that adherence by staff to infection prevention control measures is audited through daily walk rounds by management and weekly environmental audits.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 29.2 <b>Stated:</b> First time	The registered person shall ensure that the practice of wedging open the fire door to the dining room ceases immediately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The fire door to the dining room was observed to be closed. A door guard had been fitted.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time	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.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

## 6.0 What people told us about this service

Staff were warm and friendly and it was evident from their interactions that they knew the residents well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

We met with the registered manager and team leader. Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They were knowledgeable regarding the management of medicines. One staff member completed an online questionnaire within the allocated

timeframe; they indicated that they were satisfied/very satisfied with all aspects of care in the home.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

## **7.0 Inspection findings**

### **7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?**

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with local GPs and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Pain management care plans were in place and pain assessments were carried out as necessary.

### **7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed. We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

### **7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs, when medicines are administered to a resident. A sample of these records was reviewed. They were found to have been fully and accurately completed. The completed records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book. This record book had been appropriately completed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

### **7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for two residents who had been admitted to this home. Hospital discharge letters had been received or a list of the resident's prescribed medicines had been obtained from the GP practice. The residents' personal medication records had been accurately written and signed by two members of the care staff. Medicines had been accurately received into the home and administered in accordance with the prescribed directions.



### **7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

We discussed the medicine related incidents which had been reported to RQIA since the last inspection. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

### **7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

## **8.0 Evaluation of Inspection**

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led regarding the management of medicines.

The outcome of this inspection concluded that robust arrangements were in place for the management of medicines. We can conclude that the residents were being administered their medicines as prescribed by their GP. No new areas for improvement were identified.

We also assessed that two of the areas for improvement identified at the last care inspection had been addressed. The remaining four areas for improvement were not reviewed as part of this inspection and are carried forward to the next inspection.

We would like to thank the residents and staff for their assistance throughout the inspection.



## 9.0 Quality improvement plan

Areas for improvement are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Vera Ribeiro, Registered 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.

## 9.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

## 9.2 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 the 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 3 (1) (a) (b) and (c); Schedule 1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 5.0</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 6.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 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><b>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.</b></p> <p>Ref: 5.0</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>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.</b></p> <p>Ref: 5.0</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of the inspection</p>	<p>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.</p>
	<p><b>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.</b></p> <p>Ref: 5.0</p>



The **Regulation and  
Quality Improvement  
Authority**

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**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

Assurance, Challenge and Improvement in Health and Social Care