

# Inspection Report

24 January 2023



## Blair Mayne

Type of service: Residential

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Healthcare Ireland (No. 4) Limited<br><br><b>Responsible Individual:</b><br>Ms Amanda Mitchell  | <b>Registered Manager:</b><br>Mr Adam Dickson, Acting                                    |
| <b>Person in charge at the time of inspection:</b><br>Mr Adam Dickson   | <b>Number of registered places:</b><br>28  |
| <b>Categories of care:</b><br>Residential Care (RC):<br>DE – dementia   | <b>Number of residents accommodated in the home on the day of this inspection:</b><br>25 |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>Blair Mayne is a registered residential care home which provides care for up to 28 residents. The home is a modern purpose built building and Blair Mayne is situated on the ground floor. The home provides care to residents living with dementia.<br><br>There is also a registered nursing home located within the same building; the manager for this home manages both services. |  |

## 2.0 Inspection summary

An unannounced inspection took place on 24 January 2023, from 10.30 am to 1.00pm. The inspection was completed by a pharmacist inspector and focused on the management of medicines within the home.

At the last inspection on 25 August 2022 robust arrangements were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to: medicines management audits, confirmation of medicines for new admissions, the management of warfarin and the management of thickening agents.

Following the inspection, the manager submitted an action plan detailing how the issues had been /would be addressed. The medication related issues and home's action plan were discussed with the Interim Assistant Director in RQIA. It was decided that the home would be given a period of time to implement the necessary improvements and that this follow up inspection would be carried out to ensure that the improvements had been implemented and sustained.

The outcome of this inspection provided evidence that management and staff had taken appropriate action to ensure the necessary improvements. A programme of regular medicine audits was in place to ensure residents were administered their medicines as prescribed. Written confirmation of medicines was obtained at or prior to admission for new residents. The management of warfarin and thickening agents was satisfactory. The management team provided assurances that they would continue to monitor all aspects of the management of medicines to ensure that these improvements were sustained.

RQIA would like to thank the management and staff for their assistance during the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

### **4.0 What people told us about the service**

The inspector met with two senior care assistants and the manager.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff were warm and friendly and it was obvious from discussions that they knew the residents well. Staff said they had worked hard to implement and sustain improvements identified at the last inspection and had received help and support from management in order to do so.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient or their family 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.

## 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 20 September 2022                                      |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 13(4)<br><b>Stated:</b> First time               | 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.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br><br>There was evidence that the management and administration of medicines was audited regularly. Any errors/incidents identified were addressed and that medicines were administered as prescribed.<br><br><b>See Section 5.2.1</b> |                          |
| <b>Area for improvement 2</b><br><b>Ref:</b> Regulation 13(4)<br><b>Stated:</b> First time               | The registered person shall ensure that an accurate written confirmation of medicines is obtained at or prior to admission of a new resident.   | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br><br>There was evidence that an accurate written confirmation of medicines was obtained at or prior to admission of a new resident.<br><br><b>See Section 5.2.2</b>   |                          |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>              | <p>The responsible person shall ensure that safe systems are in place for the management of warfarin.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that safe systems were in place for the management of warfarin.</p> <p><b>See Section 5.2.3</b></p>  | <p><b>Met</b></p>                                    |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>              | <p>The registered person shall ensure that the consistency of thickening agents are clearly and accurately recorded at all times.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Through discussions with the manager it was clear that safe systems were in place for the management of thickening agents to ensure that the consistency is clearly and accurately recorded at all times.</p> <p><b>See Section 5.2.4</b></p> | <p><b>Met</b></p>                                    |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 17(1)</p> <p><b>Stated:</b> 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> <hr/> <p><b>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.</b></p>   | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Ref: Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> Second time</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> <hr/> <p><b>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.</b></p>  | <p><b>Carried forward to the next inspection</b></p> |

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| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13.7</p> <p><b>Stated:</b> First time</p>           | <p>The registered person shall ensure that the practice of keeping communal hairbrushes is ceased within the home.</p> <hr/> <p><b>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.</b></p>   | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p> |  | <p><b>Validation of compliance</b></p>               |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> 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> <hr/> <p><b>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.</b></p> | <p><b>Carried forward to the next inspection</b></p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> 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> <hr/> <p><b>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.</b></p>   | <p><b>Carried forward to the next inspection</b></p> |

## **5.2 Inspection findings**

### **5.2.1 Governance and audit**

Management and staff audited medicine administration on a regular basis within the home. The audits included running stock balances for all medicines, a daily medication audit carried out by senior care staff, a daily walk around by the manager including random chart audits and a monthly medication audit. Action plans to address any shortcomings had been developed and implemented. Records of these audits and action plans were available for inspection.

Running stock balances were maintained for all medicines. Following the last inspection staff received guidance on the action to be taken if they identified a discrepancy in these balances i.e. an error in the administration of medicines and their accountability to ensure that medicines were administered as prescribed.

The audits completed at the inspection indicated that medicines had been administered as prescribed. The management team advised that staff had fully engaged in driving and sustaining the necessary improvements.

### **5.2.2 The management of medicines for new residents**

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.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new residents or residents returning from hospital. Written confirmation of the resident's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed and medicines had been administered as prescribed.

### **5.2.3 The management of warfarin**

The management of warfarin was reviewed. Warfarin is a high risk medicine and safe systems must be in place to ensure that patients are administered the correct dose and arrangements are in place for regular blood monitoring. Review of the warfarin administration records and audits completed at the inspection identified satisfactory arrangements were in place for the management of warfarin.

### **5.2.4 The management of thickening agents**

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

The management of thickening agents was reviewed. No residents currently require their fluids thickened, however the inspector discussed the processes involved with the manager and staff. The manager and staff confirmed that a speech and language assessment report and care plan must always be in place. Records of prescribing and administration must be maintained and must always include the recommended consistency level. Staff advised that they rarely have residents that require their fluids thickened but that all staff involved are trained and aware that the consistency level is clearly and accurately recorded at all times.

## 6.0 Quality Improvement Plan/Areas for Improvement

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 3*          | 2*        |

\* the total number of areas for improvement includes five which are carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Adam Dickson, Acting Manager, as part of the inspection process and can be found in the main body of the report.



| <b>Quality Improvement Plan</b>   |   |
|---|---|
| <b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 17(1)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>21 October 2022           | 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.  |
|   | <b>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.</b><br><br>Ref: 5.1  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 14 (2)(a)(c)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>20 September 2022 | The registered person shall ensure that substances hazardous to the health of residents, such as disinfectant, are safely stored in accordance with COSHH requirements.   |
|   | <b>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.</b><br><br>Ref: 5.1  |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 13.7<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>20 September 2022          | The registered person shall ensure that the practice of keeping communal hairbrushes is ceased within the home.   |
|   | <b>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.</b><br><br>Ref: 5.1  |
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 6.3<br><br><b>Stated:</b> Third time<br><br><b>To be completed by:</b><br>6 September 2019              | 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>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.</b><br><br>Ref: 5.1  |

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| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</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><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>20 September 2022</p> | <p><b>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.</b></p> <p>Ref: 5.1</p> |



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