

Inspection Report

25 August 2022



Blair Mayne

Type of service: Residential Care Home
Address: 107 Dakota Avenue, Newtownards, BT23 4QX
Telephone number: 028 9182 4450

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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: Ms Amanda Mitchell	Registered Manager: Ms Leeanna Bonar (Acting)
Person in charge at the time of inspection: Ms Leeanna Bonar	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: 23
Brief description of the accommodation/how the service operates: 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. 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 25 August 2022, from 9.45am to 3.45pm. This was completed by two pharmacist inspectors.

The inspection focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

RQIA received information on 18 August 2022 which raised concerns in relation to the robust and sustainable nature of the systems in place to manage the ordering of prescribed medicines and to ensure adequate supplies are available. In response to this information RQIA decided to undertake an inspection.

The outcome of this inspection concluded that robust arrangements were not in place for all aspects of medicines management. Four new areas for improvement have been identified regarding administration of medicines as prescribed, the management of medicines on admission, the management of warfarin and the management of thickening agents as detailed in the report and QIP.

Following the inspection the findings were discussed with the Interim Assistant Director. RQIA decided that the home must provide a robust, time specific action plan to RQIA to address the deficits found during the inspection. A period of time would be given to implement the necessary improvements. Failure to implement and sustain the improvements may lead to enforcement action. A follow-up inspection will be planned to review the areas for improvement that were identified.

RQIA would like to thank the staff for their assistance throughout 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 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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff and residents views were also obtained.

4.0 What people told us about the service

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspectors also met with senior care staff, the peripatetic manager, the peripatetic clinical lead and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Feedback methods included a staff poster and (easy read for LD) paper questionnaires which were provided to the manager for any resident 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 the last inspection?

Areas for improvement from the last inspection on 21 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.	Carried forward to the next inspection
	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 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.	Carried forward to the next inspection
	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 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.	Carried forward to the next inspection
	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 4</p> <p>Ref: Regulation 13(1) (a) and (b)</p> <p>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> <hr/> <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>Carried forward to the next inspection</p>
<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> <hr/> <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>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)</p>		<p>Validation of compliance</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> <hr/> <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>	<p>Carried forward to the next inspection</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> <hr/> <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>	<p>Carried forward to the next inspection</p>

<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>Carried forward to the next inspection</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>		
<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>Carried forward to the next inspection</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>		
<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>Carried forward to the next inspection</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>		
<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>Carried forward to the next inspection</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>		

5.2 Inspection findings

5.2.1 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 practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may 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 a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of 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, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were mostly accurate and up to date. Some small discrepancies were noted and highlighted to the manager to address following the inspection. 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 verify that they were accurate.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed. Care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. For one resident the directions for use were not on the personal medication record however they had not required the medication recently and staff confirmed they would address this immediately.

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. Care plans were in place and reviewed regularly.

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 for one resident. A speech and language assessment report and care plan was in place however staff stated they had received an update via telephone from speech and language and this had not been documented. Records of prescribing and administration did not include the recommended consistency level. An area for improvement was identified.

The management of warfarin was reviewed. An up to date written confirmation of regime and next INR date was not in place. The warfarin administration record had no date of next INR check, no dose prescribed recorded and was not signed. The senior carer in charge informed the inspector that confirmation had been received via telephone that the regime was to stay the same but the phone call was not documented. This was actioned immediately during the inspection and written confirmation was requested. An area for improvement was identified.

5.2.2 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.

RQIA have received notification of four incidents over the past 3 months where residents had missed doses of their medicines due to the medicines being out of stock. This is concerning and has the potential to adversely affect the health and wellbeing of residents. Management informed the inspector that orders are now placed via email with a read receipt, copies are kept of the order and the hand over report has now been amended to include a report of any medicines with less than ten doses left so that it can be followed up by day staff. Since then there have been no further incidents of residents missing a dose of their prescribed medication due to it being out of stock. RQIA will continue to monitor reports of medicines being out of stock.

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. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 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.

A sample of the medicines administration records was reviewed. A number of missed signatures and missed doses had been identified by senior management and the investigation was ongoing at the time of the inspection.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out including a monthly management audit and daily running balances of boxed medicines. However the audits had not identified the missed doses and signatures identified during the recent management investigation and multiple errors with running balances were identified during the inspection. An area for improvement was identified.

5.2.4 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.

The management of medicines for one new resident was reviewed. Written confirmation of the resident's medicine regime was not obtained at or prior to admission and a record of the receipt had not been made. An area for improvement was identified.

5.2.5 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. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. 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.

The audits completed during the inspection identified discrepancies in the administration of some medicines. A review of the monthly management audits indicated that the issues raised at this inspection had not been identified and appropriately addressed until the ongoing investigation by senior management. There is a need for a robust audit system which covers all aspects of medicines management, to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff (see also Section 5.2.3).

Following the inspection, an action plan detailing the action to be taken to address the deficits noted during the inspection was emailed to RQIA. It was agreed that updates would be provided if there was any significant change in time scales or content of the action plan.

5.2.6 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 they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	9*	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Leeanna Bonar, manager, Ms Alana Irvine, peripatetic manager and Mr Adam Dickson, peripatetic clinical lead 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 14 (2)(a)(c) Stated: First time To be completed by: Immediately and ongoing (from 22 July 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.
	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. Ref: 5.1
Area for Improvement 2 Ref: Regulation 10(1) Stated: First time To be completed by: Immediately and ongoing (from 22 July 2022)	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.
	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. Ref: 5.1
Area for Improvement 3 Ref: Regulation 12(1) (a) Stated: First time To be completed by: Immediately and ongoing (from 22 July 2022)	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.
	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. Ref: 5.1
Area for improvement 4 Ref: Regulation 13(1) (a) and (b) Stated: First time To be completed by: Immediately and ongoing (from 22 July 2022)	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.
	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. Ref: 5.1

<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> <hr/> <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>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 25 August 2022)</p>	<p>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.</p> <p>Ref: 5.2.3 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: A new medication audit is to be implemented, the draft copy which has been reviewed by the Trust Supporting Pharmacist has been completed for all residents and an action plan generated. All identified actions have been addressed and the action plan signed off as complete by the Acting Home Manager. Weekly drug audits are also completed by the Senior Care Assistants and reviewed by the Acting Home Manager.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 25 August 2022)</p>	<p>The registered person shall ensure that an accurate written confirmation of medicines is obtained at or prior to admission of a new resident.</p> <p>Ref: 5.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: The Acting Home Manager or designated person will ensure an up to date list of all prescribed medications is requested and provided as part of the pre-admission assessment prior to all new residents being admitted to the home.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 25 August 2022)</p>	<p>The responsible person shall ensure that safe systems are in place for the management of warfarin.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A supervision on Warfarin Management has been completed with all Senior Care Assistants responsible for medication administration in the unit. Compliance will be monitored during medication audits and spot</p>

	checked and recorded on the Acting Home Managers daily walk round.
Area for improvement 9 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 Response by registered person detailing the actions taken: Registered nurses record the prescribed consistency and administration of thickening agents on the medication administration recording sheets (MARs). Care staff record the administration on separate recording sheets which include the required consistency level. Compliance is reviewed by the Acting Home Manager during the daily walk round and deficits identified are addressed at this time.
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)	
Area for Improvement 1 Ref: Standard 6.3 Stated: Third time To be completed by: 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. 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. Ref: 5.1
Area for improvement 2 Ref: Standard 12.4 Stated: Second time To be completed by: 2 June 2021	The registered person shall ensure that the daily menu is displayed in the dining room. 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. Ref: 5.1
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 31 September 2022	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. 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. Ref: 5.1

<p>Area for improvement 4</p> <p>Ref: Standard 28.5</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>Stated: First time</p> <p>To be completed by: Immediately and ongoing (from 22 July 2022)</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> <p>Ref: 5.1</p>

<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 1 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.</p> <hr/> <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> <p>Ref: 5.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</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> <hr/> <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> <p>Ref: 5.1</p>

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