Unannounced Care Inspection Report
1 December 2016

Blair House

Type of Service: Nursing Home
Address: 107 Dakota Avenue, Newtownards, BT23 4QX
Tel no: 028 9182 4450
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Blair House took place on 1 December 2016 from 07.15 to 17.15 hours.

The inspection sought to assess progress with any issues raised during and 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. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

The term 'patients' is used to describe those living in Blair House which provides both nursing and residential care.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3*	7*

*The total number of requirements and recommendations above includes one requirement and three recommendations that have been each stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Karen McElherron, regional manager, Catherine Lacey, deputy home manager and Candice Boal-Jones, deputy home manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 20 and 21 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection. Information was received by RQIA regarding concerns relating to early morning rising, provision of activities and patients at risk of dehydration. This has assisted in the focus of the inspection.

2.0 Service details

Registered organisation/registered person: Priory (Watton) Ltd Caroline Denny	**Registered manager:** Caron Conroy
Person in charge of the home at the time of inspection: Catherine Lacey (Deputy Home Manager)	**Date manager registered:** 3 December 2014
Categories of care: RC-DE, NH-DE, NH-I A maximum of 28 patients in category NH-DE located on the ground floor and a maximum of 28 patients in category NH-I located on the First Floor. A maximum of 25 residents in category RC-DE; 11 accommodated on the Ground Floor and 14 accommodated on the First Floor.	**Number of registered places:** 81

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:
- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with 19 patients individually and others in small groups, six care staff, three registered nurses and three ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:
- validation evidence linked to the previous QIP
- five patient care records
- Incidents / accidents records since the last care inspection
- staff training records
- minutes of staff meetings
- a selection of audit documentation
- duty rota for week commencing 28 November 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 and 21 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 and 21 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K) **Stated:** Second time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	**Met**
	Action taken as confirmed during the inspection: A review of record keeping in relation to wound management evidenced that this requirement has now been met. Please see section 4.3.3 for further details.	
Requirement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. Robust systems must be in place to ensure compliance with best practice in infection prevention and control within the home.	**Met**
	Action taken as confirmed during the inspection: During a review of the environment, the home was observed to be compliant with best practice in infection prevention and control (IPC). Isolated incidents identified were rectified immediately on inspection.	

Requirement 3 **Ref:** Regulation 19 (1) (a), schedule 3, (3) (k) **Stated:** First time	The registered person must ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Particular attention should focus on the accurate completion of repositioning charts.	**Met**
	Action taken as confirmed during the inspection: A review of supplementary care records including a random selection of repositioning charts evidenced that these records had been completed appropriately and in a timely manner.	
Requirement 4 **Ref:** Regulation 27 (4) **Stated:** First time	The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of wedging open doors must cease with immediate effect.	**Met**
	Action taken as confirmed during the inspection: During a review of the environment, there were no doors observed to have been wedged open. Doors which were observed open had an appropriate door guard in place.	
Requirement 5 **Ref:** Regulation 13 (1) (a) **Stated:** First time	The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients: The heated food trolley must be employed in a manner which protects the health and safety of patients. Doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use. Control of Substances Hazardous to Health (COSHH) regulations must be adhered too at all times.	**Partially Met**

	Action taken as confirmed during the inspection: A heated food trolley had been positioned in a corridor out of sight from staff. The surface of this trolley was very hot and posed a potential burn hazard to any patient who came into contact with it. Two doors, fitted with keypads, were accessible and open for entry. Both led to storage areas; one of which had O2 cylinders stored behind the door which were not secured to the wall. This requirement has not been fully met and will be stated for the second time.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 47 **Stated:** Second time	The registered person should ensure a magnetic lock is applied to the identified kitchen door to facilitate safe and healthy working practices within the home.	**Met**
	Action taken as confirmed during the inspection: The identified kitchen door had an appropriate door guard fitted to safely maintain it open.	
Recommendation 2 **Ref:** Standard 37 **Stated:** Second time	The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.	**Met**
	Action taken as confirmed during the inspection: Records reviewed on inspection had been dated and signed appropriately.	
Recommendation 3 **Ref:** Standard 41 Criteria (8) **Stated:** First time	The registered person should ensure staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly. Records are kept which include: • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed	**Partially Met**

	Action taken as confirmed during the inspection: There was evidence available which indicated that a registered nurse meeting had been conducted since the last care inspection. There were no minutes of this meeting available to staff and there was no further evidence of any planned staff meetings.	
Recommendation 4 **Ref:** Standard 35 Criteria (16) **Stated:** First time	The registered provider should ensure that the auditing process for care planning contains an action plan to address shortfalls and these actions must be reviewed and validated as complete.	**Partially Met**
	Action taken as confirmed during the inspection: Two separate audit tools were utilised when auditing care plans since the last care inspection. One of the auditing tools had a 'comments' and a 'corrective action' section. The second auditing tool had no action plan facility. This recommendation has not been fully met and will be stated for the second time.	
Recommendation 5 **Ref:** Standard 35 Criteria (17) **Stated:** First time	The registered person should ensure a system is in place to manage safety alerts and notifications.	**Not Met**
	Action taken as confirmed during the inspection: An alert file was available for review. The file contained one alert from September and there were no alerts filed for October or November. The home's management, in the absence of the registered manager, were not aware of the method of receipt of safety alerts and notifications. This recommendation has not been met and will be stated for the second time.	

Recommendation 6 **Ref:** Standard 35 **Stated:** First time	The registered person should ensure that the monthly monitoring report is completed in full to include the person conducting the audit, a review of previous action plan and a review of previous QIP.	**Met**
	Action taken as confirmed during the inspection: A review of the monthly monitoring report conducted in October 2016 in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 evidenced that this had been completed appropriately.	

4.3 Inspection findings

4.3.1 Staffing Arrangements

The deputy manager confirmed the planned daily staffing levels for the home and stated that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 28 November 2016 evidenced gaps in planned staffing levels. Two staff consulted were off the opinion that shifts were commonly 'not covered'. Staff also raised their concerns regarding coming in on days off, skill mix levels (junior and/or senior staff on same shifts) and 'difficulty in completing daily tasks when shifts are not filled'. This was discussed with the regional and deputy managers and a recommendation was made for a review of the staffing arrangements within Blair House to be completed.

4.3.2 Communication

Staff consulted confirmed that a shift handover was conducted between day/night staff at the beginning of the day or night shift and that there was generally sufficient information given during these shift handovers. However, staff also confirmed that when they commence a shift at 14.00 hours, a handover does not formally occur. This was discussed with the regional and deputy managers and a recommendation was made to ensure that a handover was conducted at the commencement of this shift.

Six staff consulted were of the opinion that when they raised concerns with the home's management that these concerns were not taken seriously. The six staff identified barriers of communication between management and staff. This was discussed with the regional manager who agreed to review this. Information received from the regional manager following the inspection confirmed these matters have now been addressed.

4.3.3 Care Practices

A review of a patient's care records following an unwitnessed fall during a night shift evidenced that central nervous system (CNS) observations were not recorded or monitored throughout the night. The day duty nurse commenced CNS observations. The patient's falls care plan had been updated to reflect that a fall had occurred. The falls risk assessment was not updated. Furthermore, an incident report had not been completed. The patient was observed sitting in their bedroom wearing socks which could cause a slip hazard if the patient attempted to mobilise. A pressure mat placed to alert staff as a safety measure if the patient attempted to mobilise unaided was placed beside the patient's chair and not in front of the patient. This was discussed with the regional and deputy managers and a requirement was made to review the management of patients following a fall.

A further requirement was made when two patients had been observed alone in their room without access to a call bell system to summon help if required. One of these patients had been calling out for assistance which was provided immediately when the inspector notified staff.

During a review of the environment it was evident that food had been prepared in a kitchenette in the Dakota unit. Food had been prepared directly on top of a worktop in the kitchenette and handed to patients to eat without being plated. This was confirmed by staff present and patients were observed holding buttered bread. One carer was unsure if they had completed basic food hygiene training. A recommendation was made to ensure food was prepared and served in accordance with professional guidance and the DHSSPS Care Standards for Nursing Homes 2015.

A staff member was observed assisting a patient with their meal in the patient's bedroom. This assistance was carried out in an unhurried manner and both were engaged in conversation. The assistance was observed to have been delivered in a person centred manner.

The inspection commenced at 07.15 hours. Six patients were observed to have been washed and dressed at this time in the Dakota Unit. Consultation with the six patients confirmed that this was through their own choice and that they were happy to be assisted in rising early. Staff also confirmed that an additional patient who had been awake and standing by their bed had also been washed and dressed with the patient's consent and the patient had then requested to return to bed. There was no further evidence of patients who had been washed and dressed then returned to bed.

4.3.4 Care Records

Three patient care records pertaining to wound management were reviewed during the inspection. Each individual wound was clearly identified within body maps. Wound assessments had been completed and informed wound care plans. The progress of wound management was monitored through wound observation charts.

Each patient had a 24 hour fluid intake chart maintained. A record of the 24 hour intake was maintained. Staff confirmed that advice was sought from the patients' general practitioners (GPs) if there was a consecutive low intake of three days or more. Registered nursing staff advised that care staff would alert them to patients who not taking adequate levels of food or fluids. A notice was observed in patients' bedrooms requesting any visitors to notify staff of any fluids given to the patient during their visit for recording purposes.

4.3.5 Activities

The provision of activities was reviewed on inspection. Six patients were observed enjoying a reminiscence session during the morning of the inspection. A programme of activities was on display. Discussions with the Activities Co-ordinator (AC) confirmed that an intergenerational project known as 'Linking Generations' would have their second meeting on the afternoon of the inspection. This involved engagement between patients and pupils from a local primary school. There was evidence of further outside acts planned to attend the home to entertain patients. There was also evidence of weekly outing to a local café. A 'Weekly Sparkle' and a 'Blair House Newsletter' was published within the home by the AC and patients' meetings were conducted by the AC on a six weekly basis. Separate relatives' meetings were conducted on a three monthly basis. Records were maintained of patients' engagement with activities. However, review of one patient's records evidenced no more than three engagements within any month. Discussion with the AC and staff confirmed that, when possible, care staff would engage in activities with patients. Given the size of the home and the number of patients accommodated within the home, a recommendation was made for a review of the provision of activities within the home.

4.3.6 Consultation

On inspection two registered nurses, six carers and three ancillary staff members were consulted to ascertain their views of life in Blair House.

Some staff comments were as follows:
"I love my job."
"I enjoy working here. It can be frustrating at times."
"I find the home very good."
"It can be very challenging."
"It's grand here."

Nine staff questionnaires were left in the home to facilitate feedback from staff. No questionnaires were returned.

On inspection nineteen patients were consulted and the patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Some patient comments were as follows:
"It's wonderful here."
"They (the staff) are all wonderful. It couldn't be better."
"It's beautiful here. You wouldn't know you're in a home."
"I'm very well looked after."
"I'm happy here."
"I enjoy living here."
"It's great."

Nine patient questionnaires were left in the home for completion. No questionnaires were returned.

No patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. No questionnaires were returned.

4.3.7 Environment

A review of the home's environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and warm throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Infection prevention and control measures were adhered to and equipment was stored appropriately. Isolated incidences of IPC issues were rectified immediately on inspection when identified.

A heated trolley in the Scrabo unit was observed unattended in the corridor outside of the dining room. The surface of this trolley was very hot and posed a potential burn hazard to any patient who came into contact with it. The position of the trolley was out of sight of staff that were assisting patients in the dining room. The treatment room door in the Seapark ground floor unit was observed wedged open and a bedroom door on the first floor was observed propped open with a chair. This was concerning as a requirement had been made in relation to these issues at a previous inspection and continued not to be met. This requirement has been therefore stated for the second time.

Areas for improvement

It is recommended that staffing arrangements in the home are reviewed.

It is recommended that a shift handover is conducted for the commencement of the 14.00 hours shift.

It is required that the management of patients who have had an unwitnessed fall is reviewed to ensure safety of patients.

It is required that all patients have a means to alert staff for assistance when alone in their rooms.

It is recommended that food in the kitchenette is prepared and served in conjunction with professional guidance and the DHSSPS Care Standards for Nursing Homes 2015.

It is recommended that the provision of activities in the home is reviewed.

Number of requirements	2	Number of recommendations	4

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen McElherron, Regional Manager, Catherine Lacey, Deputy Home Manager and Candice Boal-Jones, Deputy Home Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that 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 the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (1) (a) **Stated:** Second time **To be completed by:** 2 December 2016	The registered provider must ensure that the home is conducted in a manner which protects the health and welfare of patients: The heated food trolley must be employed in a manner which protects the health and safety of patients. Doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use. Control of Substances Hazardous to Health (COSHH) regulations must be adhered too at all times. **Ref: Section 4.2, 4.3.7**
	Response by registered provider detailing the actions taken: The heated trolley is brought to the dining room now when staff are ready to serve so it is not left unattended. Kitchen staff now serve the meals in the diningroom from the trolley to ensure the trolley is not left unattended. At breakfast time the trolley is sent for only when staff are ready and prepared to serve to enable supervision of the trolley while on the unit. Daily walk round checks are in place for senior staff to chck that all store areas are securly locked. Staff Nurse in charge also sogns the shift report daily confirming that they have checked the store areas are all securly locked. Key pads have been applied to all store doors to prevent being left unlocked.
Requirement 2 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 2 December 2016	The registered person must ensure good practice guidance is adhered to with regard to post falls management. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: All staff have recieved clinical supervison around falls and falls management.Falls prevention training was delived to staff on the 5th and the 12th December 2016., by the South Eastern Trust and further dats are to be confirmed early in the new year as a mop up so all staff have the opportunity to attend.

Requirement 3 **Ref:** Regulation 12 (2) (a) **Stated:** First time **To be completed by:** 2 December 2016	The registered person must ensure that patients have a means to summon help when required. The identified patients must have access to the call bell system when alone in their room. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: Staff have recieved supervision in relation to ensuring that residents all have acess to call bells. Senior carer's have a daliy walk around check sheet to confirm that they have checked residnets rooms confirming that call bells are all in place and within reach.
Recommendations	
Recommendation 1 **Ref:** Standard 41 Criteria (8) **Stated:** Second time **To be completed by:** 31 January 2017	The registered person should ensure staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly. Records are kept which include: • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: New weekly Unit metings have been introduced. Each week meeting is helad in each unit names recorded, date time recorded, issues and actions also recorded. Weekly Head of Department meetings have also re commenced again with attendee's and issues dates and tomes recorded. Monthly Safetly Quality and Compliance meeting being held when the QIP from last inspection and Safey and alert notices are discussed.
Recommendation 2 **Ref:** Standard 35 Criteria (16) **Stated:** Second time **To be completed by:** 31 January 2017	The registered provider should ensure that the auditing process for care planning contains an action plan to address shortfalls and these actions must be reviewed and validated as complete. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: During clinical supervision it has been dicussed with nurses, that when they audit their collegues care plans they must formulate an action plan with a completion date. A copy of whcih is submitted to the Home Manager, once completed the Home Manager will check actions and sign of the action plan confirmimg the actions have been completed as required.

Recommendation 3 **Ref:** Standard 35 Criteria (17) **Stated:** Second time **To be completed by:** 31 January 2017	The registered person should ensure a system is in place to manage safety alerts and notifications. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: Safety alret notices are now incorporated into the weekly team meetings and also the Saftey Quality Compliance meetings. Alert notices are placed also in file in each unit so all staff have access to them.
Recommendation 4 **Ref**: Standard 41 Criteria (1) (2) **Stated:** First time **To be completed by:** 31 December 2016	The registered person should ensure that staffing arrangements in the home are reviewed to ensure that at all times there are sufficient levels and skill mix to meet the assessed needs of patients. **Ref: Section 4.3.1**
	Response by registered provider detailing the actions taken: Off duties have been reviewed by the Home Manager and the Deputy Manager and skill mixes have been adjusted. Dependency scores have been calculated and staffing is in line with the current dependencies which are reviewed on a monthly basis or more frequesntly if required.
Recommendation 5 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 2 December 2016	The registered person should ensure that a shift handover is conducted with staff that are commencing their shift at 14.00 hours. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: Handover is now in place for those staff who commence shift at 2.00pm. The handover is reported and recorded on the shift report.
Recommendation 6 **Ref**: Standard 12 **Stated:** First time **To be completed by:** 2 December 2016	The registered person should ensure that food in the identified kitchenette is prepared and served in conjunction with professional guidelines and the DHSSPS Care Standards for Nursing Homes 2015. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: All staff have completed Basic Food Hygeine on the FFG training which also incorporates pre of food in the kitchen. Staff have also recieved supervision in line with this area.

Recommendation 7 **Ref**: Standard 11 **Stated:** First time	The registered person should ensure that the provision of activities within the home are reviewed to ensure they are positive and meaningful for all patients accommodated within the home. **Ref: Section 4.3.5**
To be completed by: 31 December 2016	**Response by registered provider detailing the actions taken:** Activity Program has been reviewed and 59 hrs are now dedicated to the provision of activity. Admin support has also been given the SLO to support her in her role. A new activities programe is being developed and is also being supported by the Company Dementia Course.

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

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