

Inspection Report

7 October 2021



Blair House Care Home

Type of Service: Nursing Home (NH)

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Amore (Watton) Limited	Registered Manager: Mrs Vera Ribeiro
Responsible Individual: Mrs Nicola Cooper	Date registered: 22 January 2020
Person in charge at the time of inspection: Vera Ribeiro	Number of registered places: 53
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 39
Brief description of the accommodation/how the service operates: <p>This is a registered Nursing Home which provides nursing care for up to 53 persons. The home is a modern purpose built building. It is divided into three units, one on the ground floor and two on the first floor. The home provides care to frail elderly patients and to patients living with dementia.</p> <p>Patients' bedrooms, communal lounges and dining rooms are located over the two floors. There is an enclosed garden on the ground floor.</p> <p>The registered Residential Care Home, Blair Mayne is located in the same building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 October 2021, from 11:15am to 6:00pm by a Care Inspectors.

Prior to the inspection RQIA received information from the office of the Commissioner for Older People for Northern Ireland (COPNI). The information was from an anonymous source and raised concerns in relation to staffing levels, skill mix and deployment of staff and the cleanliness of the environment. Following a review of this information RQIA decided to undertake an inspection which focused on the following areas:

- Staffing levels and deployment of staff
- the environment and infection prevention and control (IPC) measures
- management and governance arrangements.

The inspection also assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The outcome of the inspection confirmed that the allegations were largely unsubstantiated however it did evidence increasing low staff morale and poor relations between some staff. The manager was knowledgeable of the day to day issues in the home and spoke openly of the challenges of trying to satisfy the expectations of all staff.

Areas for improvement were identified with regard to staff maintaining good personal and professional relationships, the provision of staffing and the replacement of hand sanitiser dispensers. Compliance with this area will further improve the services provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Patients and staff were spoken with. Patients in the frail elderly unit stated they were generally satisfied with how they were looked after and commented positively regarding staff and their attitude. Disclosures made by one patient were referred directly to the South Eastern Health and Social Care Trust for investigation through the adult safeguarding procedures.

Due to the nature of dementia some patients found it difficult to share their thoughts on their life in the home. However all of the patients were well presented, smiled when spoken with and

were relaxed in the company of staff. When asked if they were warm and comfortable those who could express their opinion confirmed that they were.

Staff were knowledgeable of patients' assessed care needs and also of patients likes, dislikes and preferred routines.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 05 May 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18.6 Stated: First time	The registered person shall ensure that the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions, is recorded on every occasion.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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.	
Area for improvement 2 Ref: Standard 12.1 Stated: First time	The registered person shall ensure that patients who required to have the texture of their meal modified are supported to avail of choice from the menu.	Met
	Action taken as confirmed during the inspection: Review of records, discussion with staff and observation of the serving of lunch evidenced that this area for improvement has been met.	

<p>Area for improvement 3</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' food charts contain the precise nature of each meal eaten.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement has been met.</p>	<p>Met</p>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Prior to the inspection information received from an anonymous source claimed that there were significant staff shortages on both day and night duty. A review of staff rosters from the eight week period prior to the date of the inspection was completed. Records confirmed that the planned staffing was generally provided; no issues were identified with the working patterns of staff. There was evidence that where staff reported unfit for duty that cover for these shifts was provided where possible. The manager confirmed that action was ongoing to manage absence and poor attendance at work.

The manager reported that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met. Staff explained that some mornings they felt an additional member of staff would enhance the care they provide. A review of patient dependency assessments evidenced that staffing provision in the frail elderly unit was not consistently provided in accordance with patient dependency; this was identified as an area for improvement. This inconsistency with staffing accounted for staff opinion of the morning routine.

Records evidenced that housekeeping staff were rostered to undertake cleaning, laundry and catering duties. Staff spoken with were satisfied that there was sufficient staff to ensure standards relating to cleanliness of the environment, laundry and the preparation and serving of meals were met.

A review of the use of agency staff was completed. The manager confirmed that agency staff were currently only used in response to staff sickness. Where the sickness was long term a staff member was blocked booked to mitigate against inconsistency in care. Induction records were completed; some had been filed appropriately but others remained on the individual units. The Manager agreed to review the archiving of completed induction records to ensure they can be retrieved easily if needed.

In the information received prior to the inspection concerns were expressed regarding declining staff morale and motivation. This was discussed with the manager who had previously identified a decline in staff morale, a strain on relationships between some staff and, at times, staff dissatisfaction with how management addressed issues. The report of a recent monthly monitoring visit evidenced that they had raised this with a senior manager during a recent visit. The issue of staff relations was brought to the attention of the Responsible Person (RI) following the inspection under separate cover and an area for improvement made to support staff to

maintain good personal and professional relationships with each other. Confirmation of a range of initiatives to assist with improving and strengthening staff relations was received following the inspection.

5.2.2 The environment and infection prevention and control (IPC) measures

The home was warm, clean and fresh smelling throughout. Bedrooms and communal areas were well decorated, suitably furnished and comfortable.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. There were adequate supplies of PPE stored appropriately throughout the home.

The information received prior to the inspection alleged that there was no hand sanitiser in areas of the home for staff, visitors and patients to avail of. It was also alleged that hand soap was not always available in patients' bedrooms. It was identified that a number of hand sanitiser dispensers did not dispense gel. On closure examination all of the dispensers contained gel but the dispensing mechanisms were not working properly and therefore failed to dispense anything; this was identified as an area for improvement. The manager agreed to risk assess the provision of bottles of hand sanitiser at key areas of the home, for example the entrance doors to the home and units, until the wall dispensers are replaced. The availability of hand soap was checked in a number of bedrooms selected at random; soap was available in each room.

5.2.3 Management and Governance Arrangements

There was a clear management structure within the home. The manager was supported in their daily role by a nursing sister and administrator. A range of systems were in place to provide the manager with oversight of the delivery of care. Management support was also provided by the wider management within the company.

Staff confirmed that the manager was approachable and available in the home to speak with. The manager was knowledgeable of the day to day issues in the home and spoke openly of the challenges of trying to satisfy the expectations of all staff. In response to this a plan was in place to provide all staff with an opportunity to have a one to one session with the manager; at the time of the inspection they had met with all of the registered nurses.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. The Manager spoke confidently regarding her responsibility and the procedures for referring safeguarding concerns to the relevant health and social care Trust.

Unannounced visits were undertaken each month, on behalf of the Responsible Individual, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available in the home for review by patients, their representatives, the Trust and RQIA if requested.

6.0 Conclusion

Staff responded to the needs of the patients in a timely way. Observation of practice confirmed that staff engaged with patients on an individual and group basis. Patients told us that the staff were always around and willing to help when needed.

The anonymous concerns brought to the attention of RQIA prior to the inspection were largely unsubstantiated however it did evidence increasing low staff morale and poor relations between some staff. The manager was aware of these issues and was working with staff to support and strengthen staff morale.

As a result of this inspection three new areas for improvement were identified with regard to staff maintaining good personal and professional relationships, the provision of staffing and the replacement of hand sanitiser dispensers. One area for improvement is carried forward for review at the next inspection. Compliance with this area will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Vera Ribeiro, Registered Manager, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(9)(a) Stated: First time To be completed by: Ongoing from the date of the inspection.	The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships. Ref: 5.2.1
	Response by registered person detailing the actions taken: Registered manager has planned to complete individual colleague support (1:1) to address this issue. Positive culture workshops have been scheduled and will be carried out by Associate Director of Quality & Governance. Staff meetings are scheduled - agenda holds topic around personal and professional relationships/ open and transparent culture and communication.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18.6 Stated: First time To be completed by: Ongoing from the date of the inspection	The Registered Persons shall ensure that the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions, is recorded on every occasion. Ref 5.1
	Response by registered person detailing the actions taken: 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
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: Ongoing from the date of the inspection	The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency. Ref: 5.2.1
	Response by registered person detailing the actions taken: The Patient dependency tool STAN is updated monthly and or more frequent if resident needs change and the staffing provision is flexed according to same.

<p>Area for improvement 3</p> <p>Ref: Standard 46.10</p> <p>Stated: First time</p> <p>To be completed by: 4 November 2021</p>	<p>The Registered Persons shall ensure that the faulty hand sanitiser dispensers are replaced to ensure that hand sanitiser is available throughout the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The review of hand sanitiser dispensers has been completed. The Housekeeping staff have been advised through the daily flash meeting and supervision to ensure all sanitisers are functioning on a daily basis. Table top dispensers have been provided in administrative areas. This will be monitored by the Home Manager daily walkround.</p>

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



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