

# Inspection Report

7 November 2023



## Blair House Care Home

Type of service: Nursing

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

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

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland (No4) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Mitchell</p>	<p><b>Registered Manager:</b> Ms Melanie Reyes – Not registered</p>
<p><b>Person in charge at the time of inspection:</b> Ms Melanie Reyes</p>	<p><b>Number of registered places:</b> 53</p> <p>There will be a maximum of 26 patients accommodated within category NH-I and 2 named patients in category NH-PH in the Conway unit. There may be a maximum of 14 patients accommodated within the category NH-DE in the Greenwell unit. There may be a maximum of 11 patients accommodated within the categories NH-A, NH-MP, NH-MP(E), NH-PH and NH-PH(E) in the Scrabo Unit.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 51</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 53 patients. The home is divided in three units over two floors; the Scrabo Unit is on the ground floor; the Conway and Greenwell Units are on the first floor.</p> <p>A residential care home is also located on the ground floor of the home; the same manager manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 7 November 2023 from 9.45 am to 5.00 pm. The inspection was carried out by a care inspector.

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

On 11 October 2023 RQIA were informed, by a representative of Healthcare Ireland, that building work had inadvertently commenced to the first floor of the nursing home prior to an application to vary the registered premises being submitted to RQIA.

While no building work was in progress at the time of the inspection, significant work had been undertaken in the Greenwell unit which resulted in the home operating outside of its Statement of Purpose and in a reduction of the communal space available to patients. In addition to this, the arrangements which were in place for the management and storage of food and fluids in the unit were not satisfactory, exposed patients to potential risks and hazards and did not take the quality of the patients' daily lived experience into consideration. The potential risks were brought to the immediate attention of the manager and action was taken by the management team, without delay, to ensure the safety of patients in the home.

It should be noted that alongside the concerns identified, patients looked well and they spoke in positive terms about life in the home. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were seen to treat the patients with respect and kindness and to be responsive to requests for assistance.

Enforcement action resulted from the findings of this inspection. A meeting was arranged with the Responsible Individual (RI), on 21 November 2023, with the intention of issuing a Notice of Proposal (NOP) to refuse an application to vary the registered premises in respect of The Nursing Homes Regulations (Northern Ireland) 2005; this was in relation to:

- Regulation 3 (3) relating to the home's Statement of Purpose
- Regulation 27 (1) relating to the use of the premises and achieving the aims and objectives set out in the Statement of Purpose.

A second meeting was arranged on the same date with the intention to serve two Failure to Comply (FTC) notices in respect of The Nursing Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 3 (3) relating to the home's Statement of Purpose
- Regulation 14 (2) (a)(b)(c) relating to the health and welfare of patients.

The meetings were attended by Ms Amanda Mitchell, RI, the home manager, and representatives from the management team of Healthcare Ireland (No4) Ltd. At the NOP meeting, the reduction in the availability of communal space was discussed at length and it was agreed that the current application to vary the registration of the home would be withdrawn and a new application submitted. Given the managements willingness to address the issue of communal space for patients the NOP to refuse the application to vary the registered premises was not served.

At the FTC meeting, the management team discussed the actions they had taken since the inspection to address the issues identified and provided assurances as to how these areas would continue to be addressed and managed. RQIA were satisfied with the assurances provided and the two FTC notices were not served.

RQIA will continue to monitor and review the quality of services provided in Blair House. It should be noted that continued noncompliance may lead to further enforcement action.

Five new areas requiring improvement were identified during the inspection; these are discussed in the main body of the report. Two areas for improvement previously stated have not been met and are now stated for a second time.

The findings of this report will provide the management team with the necessary information to improve staff practice and the quality of the lived experience for the patients.

### **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 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

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

Patients said they felt well looked after, found the staff to be helpful and friendly and enjoyed the food. Comments made by patients included that “the girls are helpful”, “the staff are friendly and nice” and “the food is lovely”.

Staff said they were satisfied that teamwork was good and that their training needs were met. Staff in the Scrabo and Greenwell units were satisfied with staffing levels. However, staff in the Conway unit said that staffing levels were not satisfactory on occasions. Comments made by staff regarding staffing levels are discussed in more detail in section 5.2.1.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients and staff were brought to the attention of the manager for information and appropriate action.

No completed questionnaires or responses to the staff survey were received following the inspection.

#### 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 13 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 12 (4) (d) <b>Stated:</b> First time	The registered person shall ensure that there is a suitable system in place to provide patients with their own choice of meal and/or to offer patients choice at the time of serving the meal. Patients should also be offered a choice of condiments or these should be available on the dining tables for patients to help themselves.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	<p>The registered person shall ensure that meals and drinks are served in an attractive and appealing manner for all patients, there should be a selection of traditional crockery, coloured crockery, glassware and tumblers available which best meet the assessed needs of the individual patients.</p> <p>Plate covers should be readily available and used appropriately when meals are being served and transported to patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff are enabled to complete mandatory DoLS and fire awareness training.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	<p>The registered person shall ensure that staff meetings are held on at least a quarterly basis.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 4</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	<p>The registered person shall ensure that patients have call bells available and in reach. Where patients are unable to use a call bell to summon assistance a relevant care plan should be developed to detail how patients will summon assistance or the monitoring arrangements in place as an alternative.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met, see section 5.2.2 for more detail.</p> <p>This area for improvement is stated for the second time.</p>	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered person shall ensure that equipment such as hoists and wheelchairs are decontaminated according to the cleaning schedules in place and also as and when required. There should be a system in place to ensure that items, such as bed tables, are replaced when wear and tear impedes effective cleaning.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met, see section 5.2.3 for more detail.  This area for improvement is stated for the second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Review of training records confirmed that staff compliance with Deprivation of Liberty Safeguards (DoLS) and fire awareness training was satisfactory.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff in the Conway unit of the home told us that the planned staffing levels were not always achieved and that this had an impact on their ability to meet the needs of the patients in the unit with the level of care and attention they would like to provide. Staff said this also impacted on them being able to spend time with patients outside of delivering direct care. Staff recognised that not all care should be task orientated and that having time to chat and engage with patients has a positive impact on their wellbeing.

Concerns raised by staff were brought to the attention of the manager who said that the number of staff on duty was regularly reviewed to ensure that the needs of the patients were met. However, review of the duty rota and discussion with the manager evidenced that shifts in the Conway unit were not always staffed according to the planned staffing requirements. The manager discussed the efforts that were made to ensure vacant shifts were covered but agreed this was not always achieved. An area for improvement was identified.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner; they were seen to be friendly, polite and attentive to the patients.



An individual patient commented regarding staffing levels that “sometimes they could do with more staff”. However, other patients consulted with did not raise any concerns about staffing levels.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient’s needs, preferred daily routines, likes and dislikes.

Staff were seen to respect patients’ privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

It was observed that patients who were in their rooms and could summon assistance using a call bell did have call bells within reach. However, review of care records for patients who are unable to summon assistance using a call bell evidenced that these did not clearly identify either that the patient was unable to use a call bell or the measures in place to manage this aspect of their care. The recommended frequency of checks to be carried out by staff and/or the use of equipment such as an alarm mat was not always recorded. This was identified as an area for improvement at the previous inspection and is now stated for the second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The menu was on display in a suitable format. Staff were seen to provide patients with the level of assistance they required prior to and during the mealtime.

It was positive to see that a range of crockery, traditional glassware and plastic tumblers were available when meals, drinks and snacks were served. Plate covers were used to keep food warm when it was taken to patients in their bedrooms.

Staff were provided with details of patients recommended level of food and fluids and their menu choice. Lunch was served from a heated trolley, the mealtime co-ordinator checked that patients were receiving the correct meal and a registered nurse was present for the duration of the mealtime. It was very positive to see that staff offered patients a choice of meal at the time of serving. Staff confirmed that if any of the patients, including those on a modified diet, changed their mind about their choice of meal, alternatives were available.

The mealtime was seen to be relaxed, there was no rush and the food looked and smelled appetising. Condiments and a selection of drinks were readily available.

Staff told us how they were made aware of patients’ nutritional needs to ensure they were provided with the right consistency of diet. Review of care records evidenced that these were reflective of the recommendations of the Speech and Language Therapist (SALT). There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain. An informative record was kept of patients’ food and fluid intake.



As a result of the building work which had been started in the Greenwell unit the satellite kitchen had been removed. As a consequence of this patients were exposed to a number of potential risks and hazards. The unit has one communal day/dining space; a dresser, two fridges and a microwave oven had been positioned in the corner of this room. The fridges contained a selection of drinks and yoghurts and the dresser was being used to store food items, for example, bread. A tub of thickening agent was sitting out on the dresser.

None of the available storage space was lockable which resulted in the patients having unrestricted access to the drinks, thickening agent and foods. These items were readily accessible to patients and it was concerning that the potential risks and hazards had not been identified by the management of the home prior to the inspection. A review of the handover sheet provided identified that several of the patients had swallowing difficulties and required modified diets as recommended by the Speech and Language Therapist. An area for improvement was identified.

In addition, the surfaces of the dresser were untidy and had not been cleaned following the serving of breakfast; staffs' personal belongings were seen to be stored on top of one of the fridges.

The issues identified were brought to the immediate attention of the manager who ensured that the potential risks and hazards were removed from the patients' day/dining space to a more appropriate and secure area of the unit. RQIA requested that the manager complete an action plan, detailing the arrangements that would be put in place in the longer term given the removal of the satellite kitchen. An action plan was submitted to RQIA as requested following the inspection.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was warm, clean, tidy and fresh smelling. Patients' bedrooms were attractively personalised. Corridors and fire exits were observed to be clear of clutter and obstruction.

As previously discussed, prior to this inspection RQIA were informed that building work had commenced to the first floor of the nursing home; no application to vary the registered premises had been submitted to RQIA. Whilst no building work was in progress at the time of the inspection, significant work had been undertaken to remove the satellite kitchen from the Greenwell unit. The dividing wall between the day/dining space and the former satellite kitchen had been removed and rebuilt, reducing the size of the available day/dining space. The application to vary the registered premises, received on 13 October 2023, proposed to increase the number of registered beds in the Greenwell unit by two which would further reduce the available day/dining space available for each patient. By failing to submit the variation application prior to completing the building work RQIA had no opportunity to review the proposed changes to ensure that these met with the required standard. The initial variation application has since been withdrawn and a new variation submitted which addresses the availability of communal space for patients.

Various pieces of equipment, such as hoists and wheelchairs, were observed to require more effective cleaning. Bed tables looked to be in good condition but a small number of these also required more effective cleaning. The cleanliness of equipment was identified as an area for improvement during the previous inspection and is now stated for the second time. Following the inspection, the manager confirmed that the identified equipment had been thoroughly cleaned and that staff compliance with adherence to equipment decontamination schedules will be monitored on an ongoing basis.

Staff were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

#### **5.2.4 Quality of Life for Patients**

The home's activity programme was on display for patients' information. Activities were arranged in the home on a daily basis, for example, card games and arts and crafts. Hairdressing was available in the home on a weekly basis.

The manager said that the local community was very supportive of the home and the patients. Trips out of the home were regularly organised to a community centre, coffee shops and a local church. A church service takes place in the home once a month and a minister visits each week.

A monthly event was planned for the patients' entertainment, for example, a Halloween party was held in October. An entertainer was in the home during the afternoon of the inspection singing to the patients.

Activity provision was seen to be positive and staff were observed offering patients choices throughout the day.

Patients looked well, they confirmed that they were provided with choices and said that they felt staff listened to them.

However, the issues identified in the Greenwell unit raised concerns about the management team's consideration of the quality of the daily lived experience for the patients. When any changes are planned within the home's environment the impact on patients and their daily life should be considered, kept to a minimum and appropriately accommodated. An area for improvement was identified.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Melanie Reyes has been the manager in this home since 2 February 2023. Ms Reyes has submitted an application to RQIA to be registered as the manager of the home; the application was in progress.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

Concerns were identified in relation to the lack of managerial oversight and governance arrangements which resulted in the alterations to the environment not being undertaken in accordance with regulation. As a result of the work completed the nursing home was operating outside of its Statement of Purpose. The manager must ensure that they have systems in place to provide them with effective oversight of the day to day operation of the home to ensure that the premises are suitable for achieving the aims and objectives in the Statement of Purpose. These shortfalls were discussed during the meeting on 21 November 2023 and assurances provided that systems have been reviewed to provide more effective oversight. An area for improvement was identified.

An application to vary the registered premises must be submitted to RQIA prior to the commencement of any planned work in the home. Work should not proceed until the application has been reviewed and approved. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. It was noted that the arrangements put in place in the Greenwell unit and the potential risks and hazards these posed to patients were not reflected in the most recent report. This was discussed with the management team and it was agreed that these reports will include more details on the home's environment and any changes going forward. Progress in this area will be reviewed at future inspections.

## 6.0 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 (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	2*

\* The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2023</p>	<p>The registered person shall ensure that staffing levels in all units of the home, including in the Conway unit, are maintained at a satisfactory level. Staff should have sufficient time available to meet all the personal care needs of the patients and also their social care and engagement needs.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An audit of residents' dependency needs are regularly reviewed using company's assessment tool to ensure staffing levels remains appropriate to meet the residents' personal and social care needs.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2023</p>	<p>The registered person shall ensure that the home is kept free from hazards and avoidable or unnecessary risks to the safety of patients. This includes, but is not limited to, ensuring that food, drinks, thickening agents and staff belongings are stored safely and in an appropriate designated area.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Person in charge of the Home carries out a daily walkabout to ensure that all potential hazards to residents' health and safety are removed and kept away from residents' access. Monitoring for compliance is regularly done throughout the day and documented in the daily shift reports. This is discussed during safe care huddles to ensure risks are highlighted and appropriate action taken</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2023</p>	<p>The registered person shall ensure that patients' wishes and feelings and the potential impact of any changes on their quality of life are taken into account and accommodated for.</p> <p>Ref: 5.2.4</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 3 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Meeting of residents and designated representative/NOK are scheduled regularly and when necessary to ensure discussion of matters or changes within the home that may potentially impact on their quality of life are taken into account and this includes but are not limited to variation in the statement of purpose and changes in the physical premises.</p> <p>The registered person shall ensure that the home operates within its Statement of Purpose and that the premises are suitable for achieving the aims and objectives in the Statement of Purpose.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The home is currently operating within its revised Statement of Purpose.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 November 2023</p>	<p>The registered person shall ensure that RQIA receives a variation application, prior to the commencement of any work in the home. Work should not proceed until the application has been reviewed and approved.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A system is in place to ensure that if there are any planned alterations in the premises, an application for variation is submitted to RQIA prior to commencement of works and work will not proceed until the application is approved.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 November 2023	<p>The registered person shall ensure that patients have call bells available and in reach. Where patients are unable to use a call bell to summon assistance a relevant care plan should be developed to detail how patients will summon assistance or the monitoring arrangements in place as an alternative.</p> <p>Ref: 5.1 &amp; 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Residents' bedrooms are provided with call bells to use to alert staff if residents are needing assistance. Residents who are deemed to be not requiring call bells for i.e. health and safety reasons are risk assessed and clearly documented in care plan. This is reviewed regularly to ensure still appropriate for resident's needs. An audit for bedroom call bells has been completed and will be kept under review</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 November 2023	<p>The registered person shall ensure that equipment such as hoists and wheelchairs are decontaminated according to the cleaning schedules in place and also as and when required. There should be a system in place to ensure that items, such as bed tables, are replaced when wear and tear impedes effective cleaning.</p> <p>Ref: 5.1 &amp; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Existing cleaning and decontamination record for equipment has been reviewed and revised to ensure compliance to cleaning schedule is maintained and accurately recorded. Cleanliness of the equipment is visually spot checked daily by the nurse in charge of the unit and documented in the shift reports.</p> <p>Maintenance Person had included bed table audit in the monthly maintenance checks to ensure items that are not fit for purpose are replaced</p>

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



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