

# Inspection Report

13 April 2023



## Blair House Care Home

Type of Home: Nursing Home  
Address: 107 Dakota Avenue, Newtownards, BT23 4QX  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Healthcare Ireland (No. 4) Limited</p> <p><b>Responsible Individual:</b> Ms Amanda Mitchell</p>	<p><b>Registered Manager:</b> Ms Melaine 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 category NH-DE in the Greenwell unit. There may be a maximum of 11 patients in accommodated within category 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. A – Past or present alcohol dependence. 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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49</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 13 April 2023 from 9.15 am to 6.20 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that they were satisfied with staffing levels, felt supported in their role and that the manager was approachable. It was observed that there were sufficient numbers of staff on duty to respond to the needs of patients in a timely manner.

All but one area for improvement identified at the last inspection had been met; this area has been stated for the second time. New areas for improvement identified are discussed in the main body of the report. Addressing the areas for improvement will further enhance the quality of care and services in the home. RQIA were assured that the delivery of care and service provided was safe, effective, compassionate and that the home was well led.

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

## 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 and how staff went about their work was observed.

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 that there were enough staff to help them and that the staff were helpful and friendly. Comments made by patients included that “I am being looked after well here”, “the staff are very good, couldn’t be better” and “staff are nice”. Due to the nature of dementia some patients were less well able to express how they find life in the home but those patients were seen to be content and settled in the home and in their interactions with staff.

Staff said that they were busy but that staffing levels were either satisfactory or improving and they were all in agreement that management made efforts to cover short notice sick leave. Staff expressed mixed opinions on teamwork and morale; some said this was better, some thought that things could improve further and one staff member thought that morale was worse. However, staff were generally optimistic that teamwork and the skill mix will continue to improve as new staff gain experience and get used to the patients and the routines. Staff commented that “things have improved, new staff are well up to speed and that makes all the difference, the skill mix is better”, “we are very busy and have to hit the ground running every day”, “lots of new staff and that has been hard as they don’t know the routines but I understand that” and “I think things are improving”.

Relatives consulted with during the inspection were in agreement that staff were kind and helpful and that communication was good. The relatives of one patient said that they had raised a complaint with management about the care provided, the initial response had been prompt but they said that action seemed to have stalled; this was brought to the attention of the management team for follow up with the relatives. Other relatives spoken with said they were satisfied with the care provided. Comments made by relatives included that “no concerns, ... looks well”, “Melanie (the manager) is approachable and seems to take things on board” and “they keep us well informed”.

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

Comments made by patients, staff and relatives were brought to the attention of the management team for information and appropriate action where required.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 20 September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (9) (a) <b>Stated:</b> Second time	The registered person shall ensure that staff are encouraged and supported to maintain good personal and professional relationships.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and observation of the daily routine and how staff interacted with each other on a personal and professional level provided evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 17(1) <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and records maintained to evidence that they are effective in identifying deficits and driving any improvements needed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the system of audits in place provided evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time	The registered person shall ensure that prescribed thickening agents are stored safely and securely at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of the environment and the use of thickening agents provided evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.5  <b>Stated:</b> Second time	<p>The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately.</p> <p>Systems to ensure that the correct setting is maintained must be implemented.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            There was a system in place to maintain accurate mattress settings. Review of mattress settings provided evidence that this area for improvement was met.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First 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>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            It was observed that the use of traditional crockery remains limited and plate covers were not in use in the first floor units.</p> <p>See section 5.2.2 for more details.</p> <p>There was evidence that this area for improvement was partially met and it will be stated for the second time.</p>	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46.2  <b>Stated:</b> First time	The registered person shall ensure that the fridges in the dining rooms are effectively cleaned on a regular basis. A cleaning schedule should be in place and a record of cleaning should be maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fridges were in a clean and tidy condition, cleaning schedules were in place for these. This area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. There was evidence that permanent staff and agency staff completed a suitable induction prior to working with patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. The manager maintained an overview of staff compliance with training and staff were reminded when training was due. Staff compliance with Deprivation of Liberty Safeguards (DoLS) and fire awareness training was not at an optimal level; an area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager's hours were not included on the duty rota; this was brought to her attention for information and immediate action. The duty rota identified the person in charge when the manager was not on duty.

Observations of the daily routine and staff practices evidenced that staff worked well together and communicated effectively to ensure that patients' needs were met.

The manager said that she promoted an open and transparent way of working, had an open door policy and encouraged staff to discuss any issues or concerns in order that prompt and appropriate action could be taken. Staff said they found the manager to be approachable and accessible but that there had been no recent opportunity for engagement as a group through a staff meeting. Review of records and discussion with the manager evidenced that a planned staff meeting had had to be unavoidably rescheduled and there had been no recent staff meetings held. An area for improvement was identified.

Patients did not raise any concerns about staffing levels; they said there were enough staff to help them.

## 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.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

Patients who are less able to mobilise were assisted by staff to change their position regularly. Care records included recommendations regarding pressure relieving equipment in use and the frequency of repositioning.

Review of wound care records evidenced that wounds were redressed as required with the recommended type and frequency of dressing. There was evidence that the Tissue Viability Nurse (TVN) had been consulted if necessary and that recommendations made by the TVN were followed.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Review of care records evidenced that staff took appropriate action in the event of a patient having a fall.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails, crash mats and alarm mats.

Review of care records evidenced that these were regularly reviewed and updated to ensure that they continued to meet the needs of the patients. Care plans were detailed and person centred. Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

It was observed that not all patients who were in their rooms and could summon help using a call bell actually had a call bell available and/or in reach; an area for improvement was identified.

During the inspection it was observed that staff responded to requests for assistance promptly and spoke to patients in a kind and friendly manner. However, prior to lunch in the Conway unit dining room some staff missed an excellent opportunity to take time to chat and interact with the patients. These staff were nearby and were not engaged in other tasks at the time. Staff should recognise the benefit of meaningful social engagement with patients in addition to engagement when they are providing care. This was brought to the attention of staff at the time and to the management team during feedback.



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

At lunchtime in the first floor units there was a limited selection of traditional crockery on offer. Meals and desserts were mostly served on coloured plastic plates and bowls, although, patients were provided with a mix of coloured plastic, polycarbonate and traditional glasses as they preferred for their drinks. It was also observed that plate covers were not in use in the first floor units to help keep meals warm when they were being transported to patients in their rooms. This previous area for improvement was partially met and has been stated for the second time.

Information detailing the level of modified diet required by individual patients was available for staff. There was a choice of meals on offer and staff said that patients were provided with an opportunity to choose their meal each day for the following day. However, staff were not provided with a list to let them know what patients had chosen to eat. In the Conway unit it was observed that the staff member serving the meal made the meal choice for each patient without consulting with them. In the Greenwell unit the staff member serving the meal did ask patients what they would like to eat. Patients who required a modified diet received their chosen option as these meals were plated up in the kitchen where patient choice information was available. It was also observed that no were condiments offered in the Conway unit during the meal although these were offered in the Greenwell unit. It was positive to note that the mealtime was not rushed and the food was attractively presented, smelled appetising and was served in appropriate portion sizes. However, there should be a suitable system in place to ensure that patients receive their choice of meal and/or are offered a choice at the time of serving the meal. Condiments should also be available and/or offered. An area for improvement was identified.

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) and/or the dietician. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. A record was kept of patients' food and fluid intake.

It was positive to note that patients said they enjoyed the meals and were satisfied with the choices available.

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

The home was warm, clean, tidy, fresh smelling and attractively decorated. Patients' bedrooms were personalised with their own belongings and family photographs. Lounges and dining rooms were welcoming spaces for patients. Corridors and fire exits were observed to be clear of clutter and obstruction.

Various pieces of equipment, such as hoists, wheelchairs and bed tables, were observed to require more effective cleaning and/or replacement due to wear and tear. This was brought to the attention of the management team for information and an area for improvement was identified.

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. A small minority of staff were observed to be wearing jewellery or nail polish; this was brought to the attention of the management team for information and appropriate action.

Patients said that they were satisfied that the home was kept clean and tidy. Relatives said that their mum's bedroom had recently been redecorated and looked good. Other relatives said that the home was always clean and tidy.

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

The atmosphere throughout the home was warm, welcoming and friendly. It was positive to note that in the Conway unit in the afternoon staff were very engaged and chatty with the patients who were in the lounge. Staff in the Greenwell unit were seen to be very attentive to the patients and responsive to requests for assistance. In the Scrabo unit the nurse in charge spoke of the importance of recognising patient's individual mental health challenges to help ensure that their needs were met effectively and consistently.

Discussion with patients confirmed that they were able to choose how they spent their day. Patients said that they were satisfied with the activities on offer and that it was their choice whether to join in or not as they preferred. Patients also said that they felt staff listened to them and would make efforts to ensure that any problems or concerns were sorted out.

The planned activities were on display in each unit and included options such as relaxation sessions, a treat cart, music, movies and a magic show. Patients' spiritual needs were catered for. Birthdays and holidays were celebrated; the home had recently had a party for all the patients to celebrate Easter. The manager said that the local community were very supportive of the home.

Patients said that "staff listen to me okay" and "those staff do whatever I want for me". Relatives commented positively about communication and said that they knew how to raise a concern.

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

There has been a change in the management of the home since the last inspection. Ms Melanie Reyes has been the acting manager in this home since 2 February 2023. Staff knew who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff commented positively about the manager and described her as approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence that deficits were identified and action was taken but action plans could be further developed; this was discussed with the manager for information and appropriate action.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

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. 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. These are available for review by patients, their representatives, the Trust and RQIA.

## 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 (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	5*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Melanie Reyes, Manager, and, Lorraine Kirkpatrick, Business Services Development Director, 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 12 (4)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been addressed. Two choices of meals are reflected on the daily and weekly menu at all times, and offered to patients at the time of serving the meals. This is recorded in the food and fluid balance. Choices of condiments are made available in the dining tables and are regularly replenished.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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> <p>Ref: 5.1 &amp; 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision and team meetings were held with the catering and care staff where the dining experience was discussed-the use of appropriate crockery, glassware and cutlery depending on each patient's assessed needs. Tray service for patients taking their meals in their bedrooms was also reviewed to ensure they are presentable, plates are covered, and food is the correct temperature before being transported to the bedrooms.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 13 June 2023</p>	<p>The registered person shall ensure that all staff are enabled to complete mandatory DoLS and fire awareness training.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed.Fire Awareness Training is currently 100 % and DOLs is 98 %.Training is being monitored weekly by the Home Manager.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff meetings are held on at least a quarterly basis.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A meeting planner is now in place for quarterly meetings for all staff to attend.A weekly departmental meeting is also in place to keep all departments up to date with any changes in the home.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has now been addressed.All patients' bedrooms with missing or faulty call bells have been replaced unless, if risk assessed to be unsuitable for patient's use,this is reflected in the care plan and alternative arrangements are insitu to enable the patient to summon assistance ie,more regular bedroom checks, taking into consideration a lesser intrusive interval of checks.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<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: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This has been addressed. A Cleaning/Decontamination schedule has been put into place for both day and night staff to ensure that regular cleaning of the nursing equipment is maintained. This file/record is kept within the individual units of the home, as part of the infection control policy.</p> <p>The maintenance man has carried an inventory of all the bed tables and this survey is included in the monthly checks to ensure all are fit for purpose.</p>

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



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