



Unannounced Follow-up Care Inspection Report 16 July 2020



Blair House Care Home

Type of Service: Nursing Home (NH)

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel No: 028 9182 4450

Inspector: Sharon McKnight

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 53 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Vera Ribeiro 22 January 2020
Person in charge at the time of inspection: Vera Ribeiro	Number of registered places: 53 A maximum of 28 patients in category NH-DE to be accommodated on the Ground Floor and a maximum of 28 patients in category NH-I to be accommodated on the First Floor. 1 named patient in category NH-PH.
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: 40

4.0 Inspection summary

An unannounced inspection took place on 16 July 2020 from 10.40 to 17.15 hours.

This inspection was conducted in conjunction with an inspection of the residential home which is on the same site and under the same management.

The inspection sought to assess progress with issues raised during and since the previous care inspection on 18 February 2020.

The following areas were examined during the inspection:

- care delivery
- staffing
- infection prevention and control practices
- governance and management arrangements.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*1

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, registered manager and Tracy Henry, interim regional care director, 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.

4.2 Action/enforcement taken following the most recent inspection dated 18 February 2020

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2020. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 February 2020.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rota for the period 23 June – 26 July 2020
- care records for three patients
- accidents and incidents records from March – June 2020
- monthly monitoring reports dated 21&22 April and 23 June 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19(1)(1) Schedule 3 Stated: Second time	The registered person shall ensure that contemporaneous records are maintained of the nursing care provided to patients during the early morning routine. Ref: 6.1	Met
	Action taken as confirmed during the inspection: A review of a patients care records for the period March to June 2020 evidenced that this area for improvement had been met. However a new area for improvement was identified in relation to management oversight of this to ensure that the improvements made are sustained and embedded into practice.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered manager shall ensure that: <ul style="list-style-type: none"> • explanations are recorded for any gaps in employment • information regarding the candidates' reason for leaving previous employment for all positions where candidates have worked with children or vulnerable adults are recorded. Ref: 6.3	Partially met
	Action taken as confirmed during the inspection: A review of two staff recruitment files evidenced no gaps in employment. However the reason for leaving previous employment where candidates had worked with children or vulnerable adults was still being recorded as "resignation". This area for improvement is assessed as being partially met and has been stated for a second time.	

6.2 Inspection findings

6.2.1 Care delivery

We arrived in the home mid-morning. Patients were either being cared for in their individual bedrooms or in the lounge area. Staff were knowledgeable of the need for social distancing as far as was practically possible given the needs of the patients. Patients were warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident.

We spoke with four members of staff, who displayed commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives.

A small number of patients were being nursed in bed. A review of care records for one patient confirmed that staff assisted the patient to change their position regularly. Pain assessments were in place with pain relief being administered regularly. Systems were in place to monitor patients' weights in conjunction with the dietetic services from the local health and social care trust.

The activity leader explained how contact with relatives had been maintained in the absence of actual visiting. The home facilitated a greater number of phone calls and has introduced video calls. More recently the home have commenced outside visiting for patients and relatives. The

activity leader also explained that they are beginning to plan for group activities again whilst maintaining social distancing.

Following the inspection, we received feedback from two relatives who confirmed that they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. One relative commented:

- “I have only positive things to comment on at this time, we as a family, are very happy with every aspect of his care...staff are fabulous, can't do enough for him!”

6.2.2 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staff rotas for the period 23 June to 26 July 2020 confirmed that the staffing numbers identified were provided. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

Staff spoken with were of the opinion that the current staffing levels allowed them to assist the patients with their daily needs; however, there was not enough time to sit and talk with them or engage with many activities. This was the opinion of staff in both the dementia and general nursing units. These opinions were shared with the manager who confirmed that they keep the dependency levels of the patients and the staffing allocation under review.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses received.

6.2.3. Infection prevention and control practices

Signage had been placed at the entrance which provided advice and information about Covid-19. Alcohol based hand sanitiser was available at the entrance and throughout the home.

No issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE and the correct procedure for donning and doffing. PPE was also readily available throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

Patients appeared to be accepting of the need for staff to wear masks and/or visors. Staff advised that they explained the need for the use of the masks if any patients presented as confused or distressed by this.

6.2.5 Governance and management arrangements

Staff spoken with confirmed that the manager was approachable and had been supportive throughout the current pandemic. They felt that currently there was good communication in the home, with regular handovers and updates. The manager reported that they were supported daily by the deputy manager and nursing sister and the interim regional care director.

The monthly visits required to be undertaken to review the quality of the services provided have been completed remotely with the use of IT support due to the current Covid-19 pandemic. The reports of these visits included, where possible, the views of patients, relatives

and staff; and a review of records, for example accident reports, complaints records and a review of the environment.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery, the provision and usage of PPE and the approachability of the manager.

Areas for improvement

One new area for improvement was identified in relation to management oversight of contemporaneous care recording. One standard in relation to recruitment records was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vera Ribeiro, registered manager and Tracy Henry, interim regional care director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered person shall ensure that the manager monitors the recording of nursing care provided to patients during the early morning routine to ensure that the previous improvements made with recording are sustained and embedded into practice.</p> <p>Ref 6.1</p> <p>Response by registered person detailing the actions taken: Ongoing monitoring of nursing records demonstrates that early morning records are being maintained appropriately to reflect the needs of each service user individually. This will also be reviewed as part of the internal audit process.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the date of the inspection</p>	<p>The registered manager shall ensure that:</p> <ul style="list-style-type: none"> • explanations are recorded for any gaps in employment • information regarding the candidates' reasons for leaving previous employment for all positions where candidates have worked with children or vulnerable adults are recorded. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A full review of gaps in employment is carried out pre- employment and reasons for same recorded and approved prior to commencing employment. This is also risk assessed on basis of length of gap indicated and a full explanation recorded. This also forms part of the internal audit process with regard to pre employment checks. Information regarding candidates reasons for leaving previous employment for all positions where candidates have worked with children or vulnerable adults are recorded for every new starter.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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