

Inspection Report

20 September 2022



Blair House Care Home

Type of Home: Nursing Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Healthcare Ireland (No. 4) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Mr Adam Dickson– not registered</p>
<p>Person in charge at the time of inspection: Mr Adam Dickson</p>	<p>Number of registered places: 53</p> <p>There may be a maximum of 28 patients accommodated within category NH-I and accommodated within a designated unit. There are 2 named patients in category NH-PH to be accommodated in the nursing unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 42</p>
<p>Brief description of the accommodation/how the service operates: Blair House Care Home is a registered nursing home which provides care for up to 53 patients. The home 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. Patients' have access to communal lounges and dining rooms. There is an enclosed garden on the ground floor.</p> <p>There is also a registered residential care home located within the same building; the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 20 September 2022 from 9.50 am to 5.00 pm. The inspection was carried out by a care inspector.

On 18 August 2022 RQIA received information that the South Eastern Health and Social Care Trust (SEHSCT) had issued a Performance Notice to the Responsible Individual (RI) because it was concerned in relation to the management of medicines in the home. A medicines management inspection was undertaken by RQIA, on 25 August 2022, in response to this information. The inspection resulted in no areas for improvement being identified.

Since the last care inspection, on 21 and 22 July 2022, RQIA had also received anonymous information which raised concerns regarding the care being provided and staffing levels in the home. In response to this information RQIA decided to carry out a care inspection with a focus on the care being provided and staffing and management arrangements. The inspection also assessed progress with 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.

The outcome of the inspection determined that patients looked well cared for. It was observed that there were sufficient numbers of staff on duty to respond to the needs of patients in a timely manner.

Two areas for improvement that had been identified at the last care inspection were not reviewed at this inspection as it was acknowledged that there had not been sufficient time to drive and sustain the required actions. It was positive to note that progress had been made with all but one of the other areas that had been identified as requiring improvement. New areas for improvement identified are discussed in the main body of the report.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 they felt well looked after by the staff that were helpful and friendly. Due to the nature of dementia some patients were less able to say how they find life in the home but they were seen to be content and settled in the home and in their interactions with staff. Comments made by patients included “the nurses would listen to me if I had a concern or a problem”, “I like to stay in my room and that is not a problem” and “the staff are nice and friendly”.

The majority of staff said that staffing levels had improved since the last inspection, however, as new staff and agency staff take time to gain experience they felt this could still have an impact on the patients. Staff said that they worked well within their respective teams but felt that relationships and morale could improve further. Staff said that “we are here for the good of the patients”, “we don’t always feel appreciated”, “we try our best and support each other” and “there can be a lack of time to do all that is expected”. Staff said the management team were approachable and they had been able to make their views known.

Relatives were satisfied with the care provided and said that communication was good. Relatives knew who to report concerns to and said that any issues experienced so far had been minor. However, one relative did say that in their experience issues tended to recur and had to be brought to the attention of staff again.

Two staff responded to the on-line survey following the inspection and indicated that they were not satisfied with staffing. One respondent was very satisfied that the home was well led; the other was neither satisfied nor dissatisfied.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and action if 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 25 August 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(9)(a) Stated: Second time	The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 17(1) Stated: 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.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 10(1) Stated: First time	The registered person must ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41 Stated: Second time	The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available at each meal time.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 23.5 Stated: First time	The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately. Systems to ensure that the correct setting is maintained must be implemented.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. See Section 5.2.2 for more details. This area for improvement has been stated for the second time.	
Area for improvement 5 Ref: Standard 46 Stated: First time	The registered person shall ensure that light and/or emergency pull cords throughout the home have wipeable cord covers that can be effectively cleaned.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 6 Ref: Standard 11 Stated: First time	The registered person shall ensure that records are maintained of all activities that take place.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home over a 24 hour period and identified the person in charge when the manager was not on duty. The management team said that patient dependences were kept under regular review and that staffing levels had been increased in response to this regular review and following feedback from staff. Patients' dependency level records were available for review.

During the inspection the majority of staff members that were spoken to were satisfied that staffing levels had improved since the last inspection. Staff spoke positively about the increase in staffing levels and the fact that the management team had taken their views on board. This area for improvement was met.

There were systems in place to ensure staff were trained and supported to do their job. Training records were available for review and it was noted that there had been significant improvements in staffs' compliance with mandatory training. This area for improvement was met.

Staff members were seen to be responsive to the needs of the patients and to treat them with kindness and compassion.

A number of staff reported that there had been little or no improvement in staff morale or relationships although two staff did feel that things were more positive. This was discussed with the management team who said that these concerns were being addressed by ensuring there was good communication with staff to keep them informed of changes, plans were in place to have regular staff meetings and staff lunches were planned to help staff feel valued and appreciated. Progress in this area will be reviewed at the next care inspection.

The management team said it was very positive to note that staff were helpful in covering shifts and acknowledged that it would take more time and effort to improve morale and relationships.

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 members were knowledgeable regarding individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. A review of the settings on a selection of pressure relieving mattresses evidenced that one was set at a position not consistent with the patients' weight. This was discussed with the management team and it was confirmed that a suitable system to monitor mattress settings was still in development. This area for improvement was partially met and has been stated for the second time.

Prior to lunch it was observed that a tub of a prescribed thickening agent had been left in a dining room with no lid in situ; this was brought to the attention of a nurse who immediately removed this. An area for improvement was identified.

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 during the mealtime.

A menu was on display in each dining room but the format had not changed since the last inspection. This was discussed with the management team who confirmed that new menus had been ordered and delivery was imminent. Following the inspection RQIA were provided with photographic evidence to confirm that new menus in a more suitable format were in use. This area for improvement was met.

There was a choice of meals offered, the food was attractively presented and smelled appetising. However, at lunchtime it was observed that all the meals were served on coloured plastic plates and all drinks were served in coloured plastic tumblers; none of the patients were offered the option of traditional crockery or glasses. Coloured plates and tumblers can be suitable where aids for eating are required but not every patient would need these and traditional options should also be available and in use. Meals and desserts taken to patients in their rooms were also not covered during transit. An area for improvement was identified regarding the mealtime experience.

Patients said that they enjoyed the food on offer and were satisfied that an alternative choice was always available if they changed their mind or preferred something else.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. Care records were held confidentially and had been signed off by staff as having been regularly reviewed.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean, tidy and attractively decorated. Patients' bedrooms were personalised with their own belongings and family photographs. Corridors and fire exits were observed to be clear of clutter and obstruction. The ground floor unit was unoccupied at the time of this inspection.

It was established that all light and emergency pull cords were of a wipeable material that could be effectively cleaned.

The fridges in both dining rooms required more effective cleaning; there should be a system in place to ensure that the fridges are regularly checked and cleaned. An area for improvement was identified.

Equipment in use was observed to be clean and well maintained with the exception of two shower chairs which required more effective cleaning. This was brought to the attention of staff for appropriate action.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Discussion with the management team established that two patient activity leads had been appointed and an activity schedule was in place. Patients were offered an opportunity to take part in activities such as music mornings, movie experiences, a baking club, mocktail making classes, pet therapy, gardening and afternoon teas.

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.

A record of activities provided was maintained and staff also recorded an individual activity log for patients. This area for improvement was met.

Staff members were seen to take time to chat to the patients and to treat them with kindness and respect. Patients said that they found the staff to be helpful and friendly and felt that staff listened to them.

Relatives said they were satisfied with communication from staff. Patients and relatives said they knew who to speak to about any concerns or worries they might have.

The atmosphere throughout the home was warm, friendly and welcoming.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Adam Dickson has been appointed as acting manager as of 19 September 2022. Staff said that they had been informed of the change in management arrangements.

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 management team and described them as approachable and accessible.

Discussion with the management team and review of records established that the home was operating in accordance with the Statement of Purpose and within their registration status. The management team said that a comprehensive assessment was carried out for all patients prior to admission and that their needs were kept under regular review.

The system of auditing in place to monitor the quality of care and other services provided will be reviewed at the next care inspection in order to provide the management team with sufficient time to implement the required improvements.

It was established that there was a system in place to monitor accidents and incidents and to ensure that these were reported appropriately to patients' next of kin, their care manager and to 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
Total number of Areas for Improvement	3*	3*

*The total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Adam Dickson, Manager, Leeanna Bonar, Peripatetic Manager and Lorraine Kirkpatrick, Service Development 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: Second time To be completed by: With immediate effect	The registered person shall ensure that staff are encouraged and supported to maintain good personal and professional relationships. Ref: 5.1 & 5.2.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 17(1) Stated: First time To be completed by: 21 October 2022	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. Ref: 5.1 & 5.2.5 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that prescribed thickening agents are stored safely and securely at all times. Ref: 5.2.2 Response by registered person detailing the actions taken: This was reiterated with staff during team safety huddles and compliance is spot checked by the Registered Manager or designated person when completing the daily walk round. The Regional Manager will also review as part of the Regulation 29 monitoring visits.

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 23.5 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately. Systems to ensure that the correct setting is maintained must be implemented. Ref: 5.1 & 5.2.2
	Response by registered person detailing the actions taken: A daily mattress checklist has been implemented for all residents assessed as requiring an airflow mattress. This is reviewed and signed off by the Nurse in Charge daily and spot checks will be completed by the Registered Manager or designated person during the daily walk round. The checklist will be updated following any changes to those as requiring a mattress or when a residents weight changes.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	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. Plate covers should be readily available and used appropriately when meals are being served and transported to patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: New crockery, glassware and plate covers were ordered following the inspection and are now in place across all units. Any resident who, following assessment requires alternative crockery or cutlery will have this included in the appropriate care plan.
Area for improvement 3 Ref: Standard 46.2 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: Daily check implemented and completed by the Catering Team. This is spot checked by the Registered Manager and any concerns identified are immediately addressed.

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