

# Inspection Report

## 21 and 22 July 2022



## Blair House Care Home

Type of Home: Nursing Home  
Address: 107 Dakota Avenue, Newtownards, BT23 4QX  
Tel No: 028 9182 4450

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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> Mrs Amanda Mitchell</p>	<p><b>Registered Manager:</b> Mr Ryan Kelly – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mr Ryan Kelly</p>	<p><b>Number of registered places:</b> 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><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41</p>
<p><b>Brief description of the accommodation/how the service operates:</b> Blair House Care Home is a registered nursing home which provides care for up to 53 patients. The home is a modern purpose built building. It is divided into three units, one on the ground floor and two on the first floor. The home provides care to frail elderly patients and to patients living with dementia. 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 21 July 2022 from 10.00 am to 5.00 pm and 22 July 2022 from 10.00am to 16.30pm by a care inspector.

The focus of this inspection was to assess the day to day operation of the home since Healthcare Ireland became the owner and registered provider on 25 March 2022.

The inspection also 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 were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas for improvement were identified and these are included in section 6.0.

The findings of this report were provided to the manager, support manager and regional manager at the conclusion of the inspection.

### **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, and 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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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

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

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

A number of patients spoke positively about the care that they received. Due to the nature of dementia some patients found it difficult to share their thoughts on their life within the home. However all of the patients were well presented, smiled when spoken with, and appeared relaxed in the company of staff.

A number of relatives were spoken with and told us that generally they were satisfied with the care provided in the home and with updates provided by the staff about any changes to their

loved ones. Some of the relatives spoken with raised individual issues in regards to personal care, management of personal items and visiting arrangements. This was discussed with the management team for review and action as appropriate.

Staff spoken with acknowledged the challenges of working through the COVID – 19 pandemic and raised issues regarding staffing levels, staff morale and management arrangements. This is discussed further in section 5.2.1. All of the comments received were shared with the manager at the conclusion of the inspection.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the Manager to allow patients, relatives, visitors and staff unable to meet with the inspectors the opportunity to provide feedback on the home.

## 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 7 October 2021		
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> First time	The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> A significant amount of work has been undertaken to support relations between staff and between staff and management. Systems were in place to provide staff with opportunities to engage with the manager, however there was limited uptake from staff to make use of the systems. Management confirmed that they continue to work closely with staff to improve relations. This area for improvement is assessed as partially met and is stated for a second time.	

<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 18.6  <b>Stated:</b> First time	The Registered Persons shall ensure that the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions, is recorded on every occasion.	<b>Carried Forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There were no dependency assessments available on the day of the inspection. The Manager was given an opportunity to provide the required information post inspection but none was provided. This area of improvement is assessed as not met and is stated for a second time.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 46.10  <b>Stated:</b> First time	The Registered Persons shall ensure that the faulty hand sanitiser dispensers are replaced to ensure that hand sanitiser is available throughout the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and there was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

A system was in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home over a 24hour period and identified the person in charge when the Manager was not on duty. Staff reported that management had reviewed staffing levels with a view to implementing a new staffing rota week commencing 25 July 2022. This was discussed with management who confirmed that staffing levels had been reviewed in regards to patient dependency levels however the dependency level records were not available. There was no other information available to determine how the staffing levels were planned and agreed. An area for improvement regarding staffing provision and patient dependency was identified during the previous inspection and is now stated for a second time.

Patients' told us that staff attended to them in a respectful manner. It was observed that staff responded to patients' requests for assistance in a timely, caring and compassionate manner.

A number of staff reported low morale amongst the team and reported dissatisfaction with how management addressed concerns. These comments were shared with the manager who was aware of the issues but agreed to review and action as appropriate.

Management informed us that there were systems in place to ensure staff were trained and supported to do their job; however, training records were unavailable for review. The training records were received by RQIA following the inspection and evidenced that not all staff had undertaken the required mandatory training; an area for improvement was identified.

### 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 patients' needs, preferred daily routines, likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff members were observed to be skilled in communicating with the patients and to treat them with patience and understanding.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The home was providing a barbecue lunch on the day of inspection, and patients were provided with the opportunity to have their lunch served outside in the garden. Lunch was also served in the dining room or the patient's own bedroom.

Staff attended to patients' dining needs in a caring and compassionate manner and engaged with patients' to assist them with their nutritional needs. It was observed that the BBQ food was transported without appropriate food covers. This was discussed with management who confirmed that a system was normally in place to ensure food is covered during transit. This will be reviewed at a future inspection.



A discussion with staff and management confirmed that the menu had been updated to ensure choice and suitability for patients with modified diets. The menu was displayed on the dining room wall; however it was not displayed in a meaningful manner to inform patients; an area for improvement was identified.

Discussion with staff and a review of records evidenced that a system was in place to ensure individual patient dietary needs and choice are reported to the catering staff, to ensure suitable nutrition is provided.

Staff maintained a record of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided. Nutritional assessments were conducted on a regular basis to monitor for weight loss and/or weight gain and records evidenced the actions taken when this was required.

Care records were generally well maintained regularly reviewed and updated to ensure they continued to meet the patients' needs. One patient's records had not been reviewed since May 2022; this was discussed with the manager who agreed to address the issue.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care plans were in place to direct care for the prevention of pressure ulcers and pressure relieving equipment was in use where directed. A review of the settings on a selection of the pressure relieving equipment evidenced that they were set at a position not consistent with the patients' weight. This was brought to the attention of the Manager who readily agreed to review the system in place; an area for improvement was identified.

Where a patient was assessed as being at risk of falling, measures to reduce this risk were put in place, for example, equipment such as bedrails and alarm mats were in use. Whilst the use of this type of equipment can be considered to be restrictive there were systems in place to ensure this aspect of care was safely managed. Those patients also had relevant care plans in place.

Daily records were kept of how each patient spent their day and the care and support provided by staff. A discussion with the Manager confirmed that patient care records are held confidentially and securely.

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

The home was warm and inviting; communal areas were suitably furnished and pleasantly decorated. Patients' bedrooms were personalised with items important to them reflecting their individuality. Observation identified some areas were currently being updated, for example handrails were awaiting painting. This will be reviewed at a future care inspection.

The home was observed to be clean, tidy and had no malodours; patients said the home was cleaned regularly. A number of light and/or emergency pull cords throughout the home did not have wipeable cord covers and could therefore not be effectively cleaned; this was discussed with management and an area for improvement was identified.

Corridors and fire exits were observed to be clear of clutter and obstruction.

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

Staff offered patients choices throughout the day. Staff were observed to be attentive to patients and to take time to ask them, for example, where they wanted to sit and if they wanted to watch television.

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything.

Staff recognised the importance of maintaining good communication with families; visiting and care partner arrangements were in place, with positive benefits to the physical and mental wellbeing of patients. Some patient relatives had reported dissatisfaction with the visiting arrangements. This was discussed with the management who confirmed that visiting arrangements in place were in line with the most recent guidance issued by the Department of Health (DoH) and they agreed to ensure an update was communicated to relatives.

Discussion with staff highlighted that activities were not consistency provided. This was discussed with management who advised that activities were provided, however no records were available to evidence what activities had been delivered. Records should be maintained of all activities that take place; this was identified as an area for improvement. Management advised that activity provision was under review.

#### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection Mr Ryan Kelly has been the acting manager since 17 January 2022.

Staff were aware of 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.

An issue was identified with the admission of a resident to the home from Blair Mayne, the residential home located within the same building as the nursing home. The admission was on a temporary basis and whilst the resident's needs were reassessed by staff on admission and care plans updated as required there was a lack of timely follow up to ensure the appropriate placement of the resident back to residential care. The manager must ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home; this was identified as an area for improvement.

Management confirmed that a system of auditing was in place to monitor the quality of care and other services provided. They confirmed that audits were being completed with regard to infection prevention and control and the environment however no records were available to evidence if the audits were effective in identifying deficits and driving the required improvement. An area for improvement has been identified.



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 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/or the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	7*

\*The total number of areas of improvement includes one that has been carried forward from the previous inspection and two that had been partially met and stated for a second time. Areas for improvement and details of the Quality Improvement Plan were discussed with the manager, supporting manager and regional manager 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 13(9)(a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Regular staff meetings are being held in the home by senior management to encourage and support staff to maintain good personal and professional relationships. Flash meetings are being held in each unit everyday to talk about any issues and address any concerns in a timely manner. The Registered Manager is also operating an "open door" policy where staff can approach her when free to discuss any issues/concerns they may have. A weekly memo is also being sent to staff by the Regional Manager to improve communication between the staff team and senior management. A monthly staff lunch is also being held to get all the staff together in the home and to improve staff morale. Healthcare Ireland Whistleblowing Policy has been reissued to all staff in the home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 17(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 October 2022</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> There is a robust system of audits in the home. Actions plans are implemented following completion of audits and these are then checked to ensure that they are effective in identifying deficits and driving all improvements needed. Audits are being checked every month during the Regulation 29 visit to ensure they are being completed appropriately.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 10(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>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.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The home is currently operating at all times in accordance with the Statement of Purpose and within the registration status of the home.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7<sup>th</sup> October 2021</p>	<p>The Registered Persons shall ensure that the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions, is recorded on every occasion.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency.</p> <p><b>Ref 5.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> Staffing in the home is currently being reviewed on a daily basis taking into consideration the dependency needs of the residents.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39.9</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 mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A full review of the mandatory training has been completed in the home. The online training statistics are being monitored daily by the Regional Manager. Letters are being issued to staff who have outstanding training to complete with deadlines highlighted. Investigation meetings are being held with staff who fail to complete their mandatory training.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</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 the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available at each meal time.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The daily menu is now on display in a suitable format and in an appropriate location in each dining room, showing patients what is available at each mealtime. This is being checked during the daily walkabout by the Registered Manager to ensure it is being updated accordingly.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23.5</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 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> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Pressure relieving mattresses are being checked regularly by the Nurse in Charge to ensure that the correct setting is being maintained. These are also being spot checked by the Registered Manager during her daily walkabouts around the home.</p>
<p><b>Area for improvement 6</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 light and/or emergency pull cords throughout the home have wipe-able cord covers that can be effectively cleaned.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The light and emergency pull cords throughout the home all have wipe-able cord covers that can be effectively cleaned.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 11</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 records are maintained of all activities that take place.</p> <p>Ref 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Records are being maintained of all activities that take place in the home. These records are being checked during the Regulation 29 visit to the home.</p>

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



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