

# Inspection Report

05 May 2021



## Blair House

Type of service: Nursing Home  
Address: 107 Dakota Avenue, Newtownards, BT23 4QX  
Telephone number: 028 9182 4450

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Amore (Watton) Ltd  <b>Responsible Individual:</b> Ms Nicola Cooper	<b>Registered Manager:</b> Mrs Vera Ribeiro  <b>Date registered:</b> 22 January 2020
<b>Person in charge at the time of inspection:</b> Mrs Vera Ribeiro	<b>Number of registered places:</b> 53  There may be a maximum of 28 patients accommodated within category NH-I and accommodated within a designated unit.
<b>Categories of care:</b> NH- DE NH-I	<b>Number of patients accommodated in the home on the day of this inspection:</b> <b>40</b>
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Nursing Home which provides nursing care for up to 53 persons. 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. Patients' bedrooms, communal lounges and dining rooms are located over the two floors. There is an enclosed garden on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 and 6 May 2021 by a Care Inspector.

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

The outcome of the inspection confirmed that the care in Blair House was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

As a result of this inspection two areas for improvement were identified in respect of choice at mealtimes for patients who require to have the texture of their meal modified and with recording the exact nature of each meal eaten.

RQIA were assured that the delivery of care and service provided in Blair House was safe, effective, compassionate and that the home was well led.

### **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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents 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.

At the end of the inspection the Registered Manager and Acting Care Director were provided with details of the findings.

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

We spoke with ten service users and nine staff. We received one completed questionnaire from a relative; they were very satisfied with all aspects of care within the home. One partially completed questionnaire was received from a member of staff who replied that they were happy with staff, that patients were safe and protected from harm and treated with compassion.

The patients said that they liked how staff assisted them with their needs and commented on the friendliness of staff. One patient discussed the food provided; it was identified that better choice of meals was the issue.

## 5.0 The inspection

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

The last inspection to Blair House was undertaken on 28 January 2021 by a Pharmacy Inspector; two areas for improvement were identified.

Areas for improvement from the last inspection on 28 January 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 17(1) <b>Stated:</b> First time <b>To be completed by:</b> Ongoing from the date of the inspection	<b>Carried forward from the previous care inspection.</b>  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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time <b>To be completed by:</b> Ongoing from the date of the inspection	The registered person shall ensure that accurate records of administration are maintained when this task is delegated, including the administration of prescribed topical medicines and thickening agents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of documentation evidenced that records were in place to evidence the administration of prescribed topical medicines and thickening agents.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) 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 <b>To be completed by:</b> Ongoing from the date of the inspection	The registered person 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>Action taken as confirmed during the inspection:</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>	<b>Carried forward to the next inspection</b>

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were safely recruited; this included receiving references, completing police checks and having sight of the candidates full employment history prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. Staff in the dementia unit were satisfied with the provision of staffing. Staff discussed the high dependency of patients in the frail elderly unit and the impact of this on staffing. The Manager told us that the number of staff on duty was regularly reviewed in line with patient dependency to ensure the needs of the patients were met.

It was noted that there was enough staff to respond to the needs of the patients in a timely way and to support flexible routines to suit patients' individual needs.

Patients spoke confidently about the staff, their attitude and the promptness with which they attended to them. Patient and staff interactions were familiar yet respectful. Staff spoke compassionately about patients' needs and, with some patients, the obstacles they had when trying to make their needs known. Staff demonstrated a good understanding of patients' individual wishes and preferences.

The evidence reviewed provided assurances that staffing was safe.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

Details on how to make a complaint were included in information provided to patients, for example the patient guide. The manager completed a record of any complaints made, the action taken, the outcome and if the complainant was satisfied with the outcome. Any learning which may prevent the same issue occurring again was identified.

A number of patients had bedrails erected or alarm mats in place; whilst these types of equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest.

Processes were in place to safeguard those patients who lacked capacity with making decisions about their care. The Manager was in regular contact with the relevant health and social care Trust to ensure that the required safeguards in place were reviewed as required.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

The environment was well maintained. Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. The fire alarm was activated during the inspection; it was a false alarm and no fire was detected. Staff responded immediately and calmly to ensure the safety of the patients.

Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

In conclusion the home's environment was safely managed and comfortable.

### **5.2.4 How does this service manage the risk of infection?**

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Arrangements were in place for visiting and care partners; the Manager was aware of the current pathway for the re- introduction of visiting and had arrangements in place to ensure compliance. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

Appropriate precautions and protective measure were in place to manage the risk of infection.

**5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients' care needs, ensure patients' rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown. Pressure relieving care was recorded. Patients who had wounds had this clearly recorded in their care records; records also included the care delivered to encourage the healing of wounds.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents.

There was evidence that patients' needs in relation to nutrition were being met. Patients' weights were checked at least monthly to monitor weight loss or gain. Where required, records were kept of what patients had to eat and drink daily. Staff must ensure that the precise nature of the meal is recorded to evidence that patients are receiving a varied diet; this was identified as an area for improvement.

Patients required a range of support with meals; this ranged from simple encouragement through to full assistance from staff. Patients had the choice of where to have their meals and a choice of dishes. The Cook confirmed that there was choice for all patients, however not all patients were being supported to avail of this choice. This resulted in patients who required to have the texture of their meal modified receiving soup and mashed potatoes on a regular basis. This was identified as an area for improvement.

Patients' needs were clearly identified and communicated to staff. Evidence confirmed that care was being delivered effectively to meet the needs of the patients'. The dining experience of the patients will be improved by compliance with the area for improvement.

**5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

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.

Each patient had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

This review of care records confirmed that care records provided details of the care each patient required and were reviewed regularly to reflect the changing needs of the patients.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Staff responded to patients as individuals. They used their knowledge of patients' life history, patient's likes and dislikes to engage with them; this was particularly evident in the dementia unit. Staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Activities were planned on a monthly basis and were delivered in both small group settings and on a one to one basis. The activity leaders explained they talked to the patients and/or their relatives to identify their hobbies, interests and past times. The activity leaders were enthusiastic about the role activities played in the daily life of the patients. The patients enjoyed a Mexican themed activities in the afternoon of the inspection.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day, patients were afforded choice and had the opportunity to engage in social activities if they wished.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

There has been no change in the management of the home since the last inspection. Mrs Ribeiro has been the manager in this home since January 2020. Staff spoken with were supportive of the manager; they said she was approachable and regularly available to speak with.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager or members of the team completed regular audits of the environment, infection prevention and control (IPC) practices and the use of PPE.

There was a system in place to manage complaints and to record any compliments received about the home.

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.

The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

## 6.0 Conclusion

Discussion with patients and staff, observations and a review of patient and management records evidenced that care in Blair House was delivered in a safe, effective and compassionate manner with good leadership provide by the Manager.

Staff responded to the needs of the patients in a timely way with flexible routines to suit patients' individual needs. Patient and staff interactions were familiar yet respectful. Patients spoke confidently about the staff, their attitude and the promptness with which they attended to them.

As a result of this inspection two areas for improvement were identified in respect of choice at mealtimes for patients who require to have the texture of their meal modified and with recording the exact nature of each meal eaten. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* The total number of areas for improvement includes one that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Vera Riberio, Manager and Tracey Henry, Acting Regional Care 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18.6  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection	<p>The registered person 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><b>Ref 5.1</b></p> <p><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>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be completed by:</b> 2 June 2021	<p>The registered person shall ensure that patients who required to have the texture of their meal modified are supported to avail of choice from the menu.</p> <p><b>Ref: 5.2.5</b></p> <p><b>Response by registered person detailing the actions taken:</b>            The meal choice record has been reviewed and implemented to ensure residents with modified meals can avail of a choice for each meal provided. The staff will support the residents to choose independently and consider likes and dislikes provided. Pictorial menus will be utilised to assist with choice.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection	<p>The registered person shall ensure that patients' food charts contain the precise nature of each meal eaten.</p> <p><b>Ref: 5.2.5</b></p> <p><b>Response by registered person detailing the actions taken:</b>            One to one supervision and group discussion has been completed with all staff in relation to the accurate recording of meal choice. This will be monitored through the dining and nutrition quality walk round and in the Daily Manager quality audit. This will also be monitored by the person in charge of each unit.</p>

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



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