

## Unannounced Follow-up Care Inspection Report 5 November 2019



# **Blair House Care Home**

Type of Service: Nursing Home (NH) Address: 107 Dakota Avenue, Newtownards BT23 4QX Tel no: 028 9182 4450 Inspectors: Sharon McKnight

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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 56 persons.

#### 3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	<b>Registered Manager and date registered:</b> Vera Ribiero Registration pending
<b>Person in charge at the time of inspection:</b> Sharon Butler, Regional Care Director	Number of registered places: 56 Total number of registered beds: 28 – NH-DE 28 – NH-I with 1 named patient in NH-PH
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 1 named patient in NH-PH	Number of patients accommodated in the nursing home on the day of this inspection: 48

#### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 09:30 to 11:35 hours.

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.

As a result of a phone call received via RQIA duty inspector the lead inspector contacted the home and spoke with the deputy manager. During this conversation it became apparent that residents from Blair Mayne Residential Home were residing on the ground floor of the nursing home. Therefore the nursing home was operating outside of its condition of registration and Statement of Purpose.

Given this information it was agreed that an inspection would be undertaken to establish the extent of the breach in respect of the registration of the nursing home. We also wanted to examine any potential patient impact and how the situation was being managed operationally.

During the inspection we confirmed that residents from Blair Mayne Residential Care Home had been relocated to the ground floor of the nursing home. Therefore the nursing home was operating outside of its condition of registration and Statement of Purpose. This has resulted in a breach in regulations as residential clients are now being accommodated in the nursing home. We also identified six patients, whose bedrooms where on the ground floor of the nursing home; during the day these patients, accompanied by staff were brought to the first floor to spend their day. Patients were unable to access their bedrooms or have the freedom to go to and from their bedrooms as they pleased. This restriction had the potential to impact on their choice of where to spend their day and quality of life.

As a consequence of the inspection findings a meeting was held on 12 November 2019 in RQIA with the intention of issuing a Failure to Comply Notice under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 3(3)(b) and Regulation 18(1).

At this meeting RQIA sought and was provided with the necessary assurances that this situation would be addressed without delay. RQIA agreed not to pursue further enforcement action at this time.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

No new areas for improvement were identified as a result of this inspection.

Enforcement action was considered given the findings of this inspection but we did not proceed to issuing Failure to Comply Notices due to the level of assurances provided.

#### 4.2 Action/enforcement taken following the most recent inspection dated 14 August 2019

The most recent inspection of the home was an enforcement monitoring inspection undertaken on 14 August 2019. This inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued on 18 June 2019. Evidence was available to validate full compliance with the FTC Notice.

#### 5.0 How we inspect

To prepare for this inspection we reviewed the application to vary the registration of the nursing home, submitted to RQIA on 6 September 2019 and the current registration status of the home.

Due to the focus of this inspection the areas for improvement identified at the last inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the regional care director at the conclusion of the inspection.

#### 6.0 The inspection

#### 6.1 Review of areas for improvement from previous inspection.

Due to the focus of this inspection the areas for improvement identified at the last inspection were not reviewed as part of this inspection and are carried forward to the next care inspection. Please refer to section 7.2 of this report for details.

#### 6.2 Inspection findings

We arrived in the home at 09:30 hours, some patients were enjoying their breakfast, others were in bed in keeping with their personal preference or their assessed needs. There was a calm and relaxed atmosphere throughout the home.

There are two homes located within the one building; Blair House Care Home and Blair Mayne Residential Care Home. One is a nursing home and the other a residential home. We discussed the location of patients throughout Blair House Care Home. It was identified that a number of patients from the ground floor in the nursing home were now residing on the first floor of Blair Mayne Residential Home. There were a number of residents from the residential home residing on the ground floor of the nursing home.

An application to vary the registration of the nursing home was submitted to RQIA on 6 September 2019; at the time of the inspection the application was incomplete. The home must wait for any variation to be approved by RQIA before they make any changes. In this instance the home had not received any confirmation and should not have commenced moving patients/residents. This is a breach in regulations and as such a meeting was held in RQIA offices with the view of serving an Notice of Failure to Comply. At this meeting the regional care director representing the responsible individual, and the home manager, acknowledged the deficits. They presented an action plan as to how they could remedy the situation and bring both homes back into compliance. We were assured by the action plan and the agreement to apply for different variations which would ensure compliance. Applications to vary the registration of the home have subsequently been received by RQIA.

As previously discussed we also identified that six patients, who resided on the ground floor of the nursing home were being brought to the first floor on a daily basis to spend their day. This resulted in the patients being unable to access their bedrooms and personal belonging or have the freedom to go to their bedroom if/when they chose to; this restriction had the potential to impact on their quality of life. Confirmation was received following the inspection that the practice of the identified patients spending their day upstairs had stopped and that these patients now spent their time on the ground floor where they could freely access their bedrooms and personal belongings.

	Regulations	Standards
Total number of areas for improvement	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.

### **Quality Improvement Plan**

Action required to ensure Ireland) 2005	e compliance with The Nursing Homes Regulations (Northern
Area for improvement 1	The delivery of care in the early morning must only be provided in response to individual need.
Ref: Regulation 12(1)	
Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2	The registered person shall ensure that contemporaneous records
<b>Ref:</b> Regulation 19(1)(1)	are maintained of the nursing care provided to patients during the early morning routine.
Schedule 3	Action required to ensure compliance with this regulation was
Stated: First time	not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3	The registered person shall ensure that care plans are in place to
<b>Ref:</b> 16(1)	meet patients identified needs.
Stated: First time	This includes but is not limited to the preferred early morning routines, management of behavioural issues, pain management, distress reactions, anticoagulants and fall,
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4	The registered person shall ensure that personal medication
Ref: Regulation 13(4)	records are fully and accurately completed
Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 5	The registered person shall ensure that robust processes are
<b>Ref:</b> Regulation 13(1)	implemented for pain management and that all of the relevant assessments and records are completed.
Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 6	The registered person shall ensure that competency and capability
<b>Ref:</b> Regulation 20(3)	assessments are completed with any nurses given the responsibility of being in charge of the home in the absence of the registered manager.
Stated: First time	
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 7	The registered person shall ensure that oversight of the referral
<b>Ref:</b> Regulation 15(1)(e)	and admission process is maintained to ensure patients admitted to the home are within the registered categories of care.
Stated: First time	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Action required to ensure (2015)	e compliance with The Care Standards for Nursing Homes
Area for improvement 1	The registered person shall ensure that gluten free bread is stored
Ref: Standard 12	separately from other bread; if patients request toast, a separate toaster must be provided.
Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2	The registered person shall ensure that the management of warfarin is closely monitored.
Ref: Standard 28	_
Stated: Second time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3	The registered person shall ensure that robust processes are
<b>Ref</b> : Standard 28	implemented for the management of distressed reactions
Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 4	The registered person shall ensure that the nurse in charge of the
Ref: Standard 41	building is clearly identified on the nursing rota and communicated to staff.
Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Area for improvement 5 Ref: Standard 41(1)	The registered person shall put in place a review of the staffing levels in the dementia part of the home and taking account the patient dependencies and size and layout of the home.
Stated: First time	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 6	The registered person shall systematically review provision of pillows afforded to each patient to ensure optimum comfort.
<b>Ref</b> : Standard 1(7)	Ref: 6.3
Stated: First time	
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.





The Regulation and Quality Improvement Authority 9th Floor Riverside Tower 5 Lanyon Place BELFAST BT1 3BT

Tel028 9536 1111Emailinfo@rqia.org.ukWebwww.rqia.org.ukImage: Omega end of the state of th

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