



The Regulation and
Quality Improvement
Authority

Blair House Care Home
RQIA ID: 11104
107 Dakota Avenue
Newtownards
BT23 4QX

Inspector: Dermot Walsh
Inspection ID: IN021767

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**Unannounced Care Inspection
of
Blair House Care Home**

7 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 7 September 2015 from 09.10 to 18.30.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Blair House which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 March 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The total number includes both new and restated recommendations.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager, Caron Conroy and the regional nurse project manager, Nora Curran, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Priory (Watton) Ltd/Caroline Denny	Registered Manager: Caron Margaret Conroy
Person in Charge of the Home at the Time of Inspection: Caron Conroy	Date Manager Registered: 3 December 2014
Categories of Care: RC-DE, NH-DE, NH-I	Number of Registered Places: 81
Number of Patients Accommodated on Day of Inspection: 79	Weekly Tariff at Time of Inspection: £491 - £691

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, the inspector met with 18 patients, seven care staff, four registered nurses and four patient representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- a sample of staff duty rotas
- three patient care records
- accident/notifiable events records
- staff training records
- staff induction records
- policy documentation in respect of communicating effectively, palliative and end of life care
- complaints
- compliments
- best practice guidelines for palliative care and communication

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection dated 26 May 2015. Clarification on a number of points within the completed QIP has been requested by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 5 March 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that the management of communal bathroom areas are maintained appropriately to minimise the risk of cross infection between patients and staff.</p> <hr/> <p>Action taken as confirmed during the inspection: A system is now in place where senior staff completes a daily checklist, including communal bathroom areas to ensure infection control guidance is being adhered to. This checklist is then verified by the registered manager.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that:</p> <ul style="list-style-type: none"> • condiments are set out when patients are served meals • a choice of fluids are available with meals • there are sufficient appropriate clothing protectors available as required • patients are assisted with meals in a dignified manner • sufficient staff are available to assist patients as required with meals. <p>Action taken as confirmed during the inspection: Condiments are now set out appropriately when patients are served meals. Patients have a choice of fluids available with meals. New single use clothing protectors are now available as required. Patients were observed to be assisted with meals in a dignified manner. Sufficient staff were available to assist patients as required with their meals.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 16 (2) (b) (c) (d)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that each patient's care plan is kept under review, and updated in a timely manner to accurately reflect changes in care and treatment.</p> <p>Action taken as confirmed during the inspection: Care plans are now reviewed and updated to reflect changes in care and treatment. When a patient returns from hospital a, 'Return From Hospital,' assessment form is completed and care plans reviewed and updated accordingly.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 12 (1) (c)</p> <p>Stated: First time</p>	<p>The registered person must provide treatment and any other services to patients to meet their individual needs, and must maintain a traceable record of any equipment in use for each patient.</p> <p>Action taken as confirmed during the inspection: The serial number for equipment used in patient care is now kept in the patients' notes. An equipment file is also maintained. Audits on airflow mattresses, can be found in this file.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 17 (1) (2) (3)</p> <p>Stated: First time</p>	<p>The registered person must undertake a review of the meal service in Scrabo Suite.</p> <p>A report of the review outcome and actions taken to improve services for patients should be submitted to RQIA when returning the Quality Improvement Plan.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The requested report was submitted with the completed Quality Improvement Plan and approved by the appropriate inspector.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person must undertake a health and safety risk assessment to identify hazards and risks during the meal service and take effective action to minimise risks to patients, residents and staff.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A health and safety risk assessment was carried out and submitted along with the completed Quality Improvement Plan to the appropriate RQIA care inspector. During an observation of the mealtime experience it was noted that risks were at a minimum.</p>		
Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>The registered manager must ensure that nursing staff maintain clear and accurate records of body maps for each patient.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A review of three records evidenced all body maps had been completed.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>The registered manager must ensure that person centred care is delivered at all times, and patients receive continence care in a timely manner to meet their needs.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>All patients observed on inspection day had their continence care needs met in a timely manner.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 25.2</p> <p>Stated: First time</p>	<p>To enable an effective meal service, the registered manager should consider the provision of two small trolleys and advise RQIA of the outcome.</p> <hr/> <p>Action taken as confirmed during the inspection: A second trolley has now been provided and in use within the home.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The daily menu should be displayed in a suitable format (including a pictorial format where necessary) in an appropriate location within each suite to assist patients and residents know what is available at each mealtime.</p> <hr/> <p>Action taken as confirmed during the inspection: Information received following the inspection from the registered manager confirms that menus are now on display on all units within the home. A new chef has been employed by the home within the past two months and he is currently photographing the meals he has prepared to use these as a photographic display.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 32.3</p> <p>Stated: First time</p>	<p>To assist in orientating patients and residents, orientation boards which are located throughout the home, should be kept up to date at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: The orientation board in the home was up to date on the day of inspection.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p>	<p>The refurbishment plan and timeline for commencement and completion should be submitted to RQIA when returning the Quality Improvement Plan.</p> <hr/> <p>Action taken as confirmed during the inspection: Refurbishment is in progress and the refurbishment plan returned to RQIA with the last QIP had a completion date of January 2016.</p>	<p>Carried forward to next inspection</p>

Recommendation 7 Ref: Standard 25.6 & 25.8	The registered manager must ensure that any change in registered use of the premises is made only with the approval of RQIA, and a variation request is submitted if required.	Partially Met
Stated: First time	Action taken as confirmed during the inspection: A bathroom in Dakota suite was observed to be used as a storeroom for laundry trolleys containing patient clothing. A hoist and sling were also being stored in this bathroom on inspection. A recommendation was made to ensure the function of rooms within the home are not inhibited due to inappropriate storage.	

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy was available on communicating effectively. Regional guidance on breaking bad news was available in the home. Discussion with eight staff confirmed that they were knowledgeable regarding breaking bad news.

Communicating effectively with patients and their families/representatives is incorporated within palliative care training. Online palliative care training has been completed by 15 staff.

Is Care Effective? (Quality of Management)

Three care records reflected patient individual needs and wishes regarding the end of life care. Recording within records included reference to patients' specific communication needs.

There was evidence within two records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Three registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or their representatives when breaking bad news. They discussed the importance of an environmentally quiet private area to speak with the recipient and the importance of using a soft calm tone of voice using language which is appropriate to the listener. Staff also described the importance of reassurance and allowing time for questions or concerns to be voiced. Care staff were also knowledgeable on breaking bad news and offered similar examples when they have supported patients when delivering bad news. A best practice guideline on 'Breaking Bad News' was available in the Home.

Is Care Compassionate? (Quality of Care)

Having observed the delivery of care and staff interactions with patients, it was evident that effective communication was well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with 18 patients both individually and with others in small groups. All patients spoken with stated they were very happy with the care they were receiving in Blair House. They confirmed that staff were polite and courteous and they felt safe in the home.

One patient representative confirmed that they had both their relatives in care within the home and they were very impressed with the care and the staff. Other patient representatives' comments are recorded in section 5.5.1 below.

Areas for Improvement

There were no areas of improvement identified for the home in respect of communication.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home which made reference to best practice guidance such as the National Institute for Clinical Excellence (2011) 'Quality Standard For End Of Life Care' and the Northern Ireland Health and Social Care Service (2009) 'Strategy for Bereavement Care'. A copy of the GAIN guidelines was present and available to staff as required. The Regional Palliative Medicine Group, Northern Ireland, 'Guidance for the Management of Symptoms in Adults in the Last Days of Life' was also available for staff. An information leaflet on 'Coping with Bereavement' was available at the entrance to the home.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Registered nursing staff and care staff were aware of and were able to demonstrate knowledge of the 'Gain Palliative Care Guidelines', November 2013. E-Learning palliative care training had been completed by 15 staff in 2015. 18 Staff have completed grief awareness training between April and May 2015. Further grief awareness training is planned in October 2015. Seven staff members had completed recent training on the use of syringe drivers. Further syringe driver training is planned in October 2015.

Discussion with the registered nursing staff confirmed that arrangements were in place to make referrals to specialist palliative care services.

Discussion with the registered manager and six staff evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was not in place. This was discussed with the registered manager and it was agreed a protocol should be developed to guide staff. A recommendation was made.

There is an identified palliative care link nurse identified for the home.

Is Care Effective? (Quality of Management)

End of Life care plans were in place on two of the care records reviewed. Symptom management care plans, for example pain and elimination, were also in place. Where palliative care advice had been given, there was evidence within the care records that these directions had been followed.

Discussion with the registered manager and staff evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. A quiet room has been identified for family/friends where they can have a private conversation or a rest. Staff consulted with were aware of the importance of providing refreshments at this time.

A review of notifications of death to RQIA during the previous inspection year, were deemed to be appropriate.

Is Care Compassionate? (Quality of Care)

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. From discussion with the registered manager and staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Some compliments were as follows:

'Words cannot express our thanks to all those who looked after our mum.'

'Many many thanks for all the genuine care you gave my mum in the last three years.'

'Many thanks to all the staff at Blair House for the excellent nursing care received during the last five months.'

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

Areas for Improvement

A protocol for timely access to any specialist equipment or drugs should be developed.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Consultation with patients, their representatives and staff

During the inspection process, 18 patients, 11 staff, and four patient representatives were consulted to ascertain their personal view of life in Blair House. Five staff questionnaires were completed and returned. Overall, the feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered in Blair House.

A few patient comments are detailed below:

'I can't complain about the home. It's very pleasant here.'

'The nurses are so good to us.'

'The staff are very good. We get well fed.'

'It's very good and we're kept comfortable but there's not much to do during the day.'

'It's absolutely great. They do everything for you.'

Patient representatives consulted were very positive about the care.

A few relative comments are detailed below:

'It's unbelievable. I have been in other homes and this one is unbelievable.'

'We have had both relatives in care here and we are very impressed with the care and the staff.'

'It's a very relaxed and comfortable environment.'

The general view from staff cited in completed questionnaires and during conversations was that they took pride in delivering safe, effective and compassionate care to patients.

A few staff comments are detailed below:

'I really enjoy working here.'

'It's a very busy unit and we have constant challenges.'

'I think there is a really good quality of care given.'

'I would like more time to spend with the patients.'

'There is a good rapport with all staff.'

'I'm enjoying it well.'

5.5.2. Infection Prevention and Control and the Environment

A tour of the home confirmed that rooms and communal areas were generally clean and spacious.

However, a range of matters were identified that were not managed in accordance with infection prevention and control guidelines:

- not all signage/noticeboards within the home were laminated/treated to ensure the surface may be cleaned
- there was inappropriate storage in identified rooms in the home
- creams should only be used for the named recipient on the label
- identified toilet seats had not been cleaned after use

All of the above was discussed with the registered manager and the regional nurse project manager on the day of inspection. An assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made for management systems are to be put in place to ensure the home's compliance with best practice in infection prevention, management and control.

A communal bathroom in Dakota suite was unable to be used for its registered purpose as it had two large laundry trolleys full of patients' clothing and a hoist and slings stored in it. Rooms should only be used for their designated purpose.

5.5.3. Activities

Feedback from patients during a tour of the home highlighted a lack of activities available. Patients stated they, 'had nothing to do some evenings making them bored'. This was discussed with the registered manager and the regional nurse project manager on the day of inspection. The activity therapist employed by Blair House had recently left. An activity therapist has been recruited and is awaiting completion of the home's human resource process before commencing employment. A management request for activity employment to be increased to 66 hours has been agreed with the relevant managing director for the provider company. An interview date for an additional activity therapist has been scheduled. In the interim a dementia coach encourages care assistants to conduct meaningful activities with patients when possible. The registered manager confirmed that when the new activity therapist commences their post, the dementia coach will stay on site for one or two weeks to assist and support them in their induction.

5.5.4. Documentation

A review of documentation relating to three identified patients evidenced supplementary records, fluid balance and repositioning charts were not completed or followed up in a timely manner to evidence that the needs of patients were being met. On inspection at approximately 15.00 hours the last entry made on these charts was observed to be 09.00 hours. The recording of bowel movements was not completed in keeping with best practice guidelines as only one out of three records applied the 'Bristol Stool' Score. This was discussed with the registered manager who gave assurances that these issues would be addressed to prevent recurrence. A recommendation was made.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Caron Conroy and the regional nurse project manager, Nora Curran, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>The refurbishment plan and timeline for commencement and completion should be submitted to RQIA when returning the Quality Improvement Plan.</p> <p>Ref: Carried forward from previous inspection</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A copy of the refurbishment plan is attached as requested.</p>
<p>Recommendation 2</p> <p>Ref: Standard 44 Criteria (3) (11)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that the function of rooms within the home are not inhibited due to inappropriate storage. Rooms should only be used for their designated purpose.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Wheelchairs have been removed and the room is now used for designated purpose. This is checked during the daily manager/ nurse in charge walk around audits.</p>
<p>Recommendation 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed.</p> <p>A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p>Ref: Section 5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Request for a drawn up protocol has been communicated to the Quality Director, once completed will be submitted to the RQIA.</p>
<p>Recommendation 4</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 5.5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Monthly infection control audits being completed. Infection control is also part of the daily manager/nurse in charge walk round audit.</p>

Recommendation 5 Ref: Standard 4 Criteria (9) Stated: First time To be Completed by: 30 October 2015	The registered person should ensure that supplementary care records are completed in full, in a timely manner and a system is put in place to monitor this. Ref: Section 5.5.4		
	Response by Registered Person(s) Detailing the Actions Taken: The daily manager/nurse in charge walk round audit contains a section for the checks to be carried out by the manager/nurse in charge to confirm that supplementary documentation is completed accurately and in a timely manner.		
Registered Manager Completing QIP	Caron Conroy	Date Completed	14/10/15
Registered Person Approving QIP	Caroline Denny	Date Approved	16/10/15
RQIA Inspector Assessing Response	Dermot Walsh	Date Approved	2/11/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address