



# Announced Enforcement Care Inspection Report 14 August 2019



## Blair House Care Home

**Type of Service: Nursing Home (NH)**

**Address: 107 Dakota Avenue, Newtownards BT23 4QX**

**Tel no: 028 9182 4450**

**Inspectors: John McAuley and Marie-Claire Quinn**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 56 persons within categories of care detailed in its certificate of registration and 3.0 of this report. The home is located within the same building as a registered residential home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Watton) Limited  <b>Responsible Individual:</b> Nicola Cooper	<b>Registered Manager:</b> Vera Ribiero
<b>Person in charge at the time of inspection:</b> Vera Ribiero, manager, Sharon Butler, regional manager and Sarah Mann, associate director of quality assurance and governance were also present throughout the inspection.	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 1 named patient in NH-PH	<b>Number of registered places:</b> 56  Total number of registered beds: 28 – NH-DE 28 – NH-I with 1 named patient in NH-PH

### 4.0 Inspection summary

This announced inspection took place on 14 August 2019 from 10.30 to 14.45 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.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to the quality of management and governance in the home. The date of compliance with the notice was 14 August 2019.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000051 issued on 18 June 2019.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vera Ribiero, Manager, Sharon Butler, Regional Manager and Sarah Mann, Associate Director of Quality Assurance and Governance, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- failure to comply notice/s

During the inspection we met with ten patients, eight members of staff and seven patients' visitors/representatives.

The following records were examined during the inspection:

- staff duty rota August 2019
- a sample of audits including dining and nutrition 18 June 2019, night duty and out of hours 24 June 2019, environmental 25 June 2019, quality improvement lead 24 July 2019, documentation 26 July 2019
- daily laundry checks dated 31 July 2019, 12 August 2019 and 13 August 2019
- minutes of relatives meeting 10 July 2019
- accidents and incidents records and audits June and July 2019
- annual care review matrix 2019
- monthly monitoring visit reports 25 June 2019 and 31 July 2019
- complaints records July and August 2019

Areas for improvement identified at the last care 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 person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 6 June 2019

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 6 June 2019

This inspection focussed solely on the actions contained within the Failure to Comply Notice issued on 18 June 2019. The areas from the last care inspection on 6 June 2019 were not reviewed as part of the inspection and carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

## 6.3 Inspection findings

**FTC Ref:** FTC000051

**Notice of failure to comply with regulation:**

***The Nursing Homes Regulations (Northern Ireland) 2005***

***Registered person: general requirements***

***Regulation 10.–***

***(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.***

In relation to this notice the following eight actions were required to comply with this regulation;

- The responsible person must ensure that the allocation of staff on the staff duty rota supports patient choice by ensuring there is a gender balance of staff on each shift.
- The responsible person must ensure that systems are implemented to monitor the effectiveness of the laundry to ensure that there is an adequate supply of clean bedlinen and towels and that patients clothes are returned in a timely manner.
- The responsible person must ensure that clothes to be returned to patients' bedrooms and linen stores throughout the home are not stored in the corridor outside the laundry but are taken directly from the laundry to the relevant floor of the nursing home.

- The responsible person must ensure that sufficiently robust auditing systems are established and maintained to assure the delivery of nursing and other services provided. This includes, but is not limited to the delivery of individual care, care records and the monthly analysis of accidents.
- The responsible person must ensure that the monthly monitoring reports completed in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005, contain clear, time-bound action plans, detailing all areas of improvement required. This should be reviewed by management to ensure all actions are addressed in a timely manner.
- The responsible person must ensure that the complaints process is communicated to patients and people who visit them to support them in reporting their concerns directly to the management of home.
- The responsible person must ensure that a record of all complaints is held locally and include details of all communication with complainants, the result of any investigations, the action taken, whether or not the complainant is satisfied and how this level of satisfaction was determined.

## **Staffing**

An inspection of the duties rotas confirmed that the allocation of staff supported the patient choice by ensuring there was a gender balance of staff on each shift.

Staffing levels were adequate on the day of inspection. There was a calm and relaxed atmosphere in the home. Care was delivered promptly and courteously. However patients received their lunch time meal very shortly after breakfast had been served, in the dementia care part of the home. This would indicate there was pressure of staffing care practices in the morning period. Added to this, discussions with four care assistants found that they felt the care in the home was very good but the workload was very busy with patient dependencies and the layout of the home. An area of improvement in accordance with standards was identified to put in place a review of the staffing levels in this part of the home and taking these factors into account.

The night time cleaning schedule was reviewed and duties decreased, thus freeing up staff to focus on care delivery, which was good.

A new manager had recently commenced work in the home. Management advised us that the vacant deputy manager role had been filled and the new member of staff was due to start their induction on 19 August 2019.

## **Laundry practices**

An inspection of the laundry practices found these to be organised and working well. The laundry department was tidy and suitably facilitated. The head house-keeper advised that there were good supplies of linen and towels and that there was an adequate provision of hours in place to support the individual clothing requirements for patients.

The bedlinen and towels in patients' bedrooms were of satisfactory quality.

An issue of improvement in accordance with standards was identified with the lack of provision of pillows in patients' beds. Many beds had only one pillow and would not aid the comfort for patients. This provision needs to be systematically reviewed for all patients in respect of their comfort.

## **Audits**

A comprehensive range of audits had been completed by various members of management. These were conducted both during and outside of standard working hours. Audits were detailed, accurate and regularly reviewed. Issues were clearly identified. Advice was given to record corresponding details of actions taken to address any issues identified.

## **Monitoring visits**

Inspection of the monthly monitoring reports found these were maintained in informative detail. Monitoring visits were completed both in and out of hours. Care practice was reviewed, and there was clear evidence that feedback was provided to staff to facilitate effective shared learning and quality improvement.

## **Complaints**

Inspection of the home's complaints records confirmed that expressions of complaint or dissatisfaction were taken seriously. Complaints were investigated and reviewed in a timely manner. There was clear evidence of follow up from management and that outcomes were shared with the complainant. Added to this the regional manager advised how she has developed with senior staff the need for local resolution of complaints, greater managerial oversight and a change of staff culture in dealing with complaints. This is good practice.

## **Patients' views**

Discussions with patients throughout this inspection confirmed in accordance with their capabilities that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- "It's a wonderful home"
- "I am very happy here"
- "They are all very kind to me".

## **Visiting relatives' views**

During this inspection, we met with eight visiting relatives. All were keen to express their praise and gratitude for the care provided in the home and the kindness and support received from staff. Some of the comments made included statements such as;

- "Absolutely immaculate. I couldn't recommend it any better. Absolutely no problems"
- "I am more than happy with the home. Everything is very good, as are the staff with keeping me informed"
- "It's a great home. Absolutely no problems"
- "I am very happy with the home. All is totally fine"

- “I couldn’t praise the staff enough. My mother has been unwell recently and they really cared for her greatly and brought her round. My mother would say the same. my whole family are delighted with the home in every way”
- “They are all very good and great at bringing things to our attention and dealing with these”
- “They are very good here. No problems”.

### Staff views

Discussions with various members of staff throughout this inspection found that they spoke positively about their roles and duties, training and the provision of care. Staff also advised that they have seen good improvements in the managerial support in the home. Staff advised that the staffing levels were adequate to meet patients’ needs other than four members of staff who expressed worries about the busy workload in the dementia part of the home.

### Environment

The home was clean and tidy throughout with a good standard of décor and furnishings being maintained. Communal areas were spacious with comfortable seating. Patients’ bedrooms were personalised with their own memorabilia, artefacts and pictures.

### Areas for improvement

There were two areas for improvement identified during this inspection.

	Regulations	Standards
Number of areas for improvement	0	2

## 6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are areas for improvement carried forward from the last care inspection on 6 June 2019. Details of the QIP were discussed with Vera Ribero, Manager, Sharon Butler, Regional Manager and Sarah Mann, Associate Director of Quality Assurance and Governance, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12(1)  <b>Stated:</b> First time	The delivery of care in the early morning must only be provided in response to individual need.  <b>Ref:</b> 6.2.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19(1)(1) Schedule 3  <b>Stated:</b> First time	The registered person shall ensure that contemporaneous records are maintained of the nursing care provided to patients during the early morning routine.  <b>Ref:</b> 6.2.1
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> 16(1)  <b>Stated:</b> First time	The registered person shall ensure that care plans are in place to meet patients identified needs.  This includes but is not limited to the preferred early morning routines , management of behavioural issues, pain management, distress reactions, anticoagulants and fall,  <b>Ref:</b> 6.2.1, 6.2.3 & 6.2.5
	<b>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.</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time	The registered person shall ensure that personal medication records are fully and accurately completed  <b>Ref:</b> 6.2.6
	<b>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.</b>

<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 13(1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust processes are implemented for pain management and that all of the relevant assessments and records are completed.</p> <p>Ref: 6.2.6</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments are completed with any nurses given the responsibility of being in charge of the home in the absence of the registered manager.</p> <p>Ref: 6.2.9</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Regulation 15(1)(e)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that oversight of the referral and admission process is maintained to ensure patients admitted to the home are within the registered categories of care.</p> <p>Ref: 6.2.9</p>
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that gluten free bread is stored separately from other bread; if patients request toast, a separate toaster must be provided.</p> <p>Ref: 6.2.2</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 28</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the management of warfarin is closely monitored.</p> <p>Ref 6.2.5</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust processes are implemented for the management of distressed reactions</p> <p>Ref 6.2.5</p> <p><b>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.</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nurse in charge of the building is clearly identified on the nursing rota and communicated to staff.</p> <p>Ref: 6.2.9</p> <p><b>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.</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 41(1)</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2019</p>	<p>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.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staffing levels are now reviewed on a daily basis. STAN (staffing tool analysis of need) is frequently completed and reviewed to ensure adequate staffing in each separate unit.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 1(7)</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2019</p>	<p>The registered person shall systematically review provision of pillows afforded to each patient to ensure optimum comfort.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A new order of pillows has been completed since the inspection. Each room to have 2 pillows available as a minimum and to adjust this according to each service user's preference.</p>

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



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