



Unannounced Follow Up Care Inspection Report 15 October 2018



Blair House Care Home

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

www.rqia.org.uk

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 nursing home registered to provide nursing care for up to 56 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Manager: Jacqueline Bowen
Person in charge at the time of inspection: Jacqueline Bowen - Manager	Date manager registered: Jacqueline Bowen - application received - registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 56

4.0 Inspection summary

An unannounced inspection took place on 15 October 2018 from 08.50 to 15.00 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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last inspection on the 23 July 2018.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	*1

*The total number of areas for improvement include one under regulation and one under the standards which have been restated for a second time and which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Bowen, manager and members of the senior regional management team as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 July 2018.

5.0 How we inspect

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- staff duty rota's submitted to RQIA
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector and lay assessor met with six patients, three patients' representatives/relatives and 12 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The following records were examined during the inspection:

- evidence of completed training
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

- infection prevention and control audits
- five patient care records
- completed fire risk assessment
- assessment of required staffing in accordance with patient dependency
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

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 23 July 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1)(a) Stated: First time	The registered person shall ensure that at all times there is an appropriate staffing compliment to meet the assessed needs of patients. Where this is not achieved a clear contingency plan must be in place to ensure the safety and well-being of all patients.	Met
	Action taken as confirmed during the inspection: Staffing levels observed on the day of inspection were observed to be sufficient to meet individual patient needs. The inspector was informed that registered nursing staffing was currently under review. The inspector also reviewed the staffing contingency plan for the home which is accessible at all times to the nurse in charge of the home.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a review of the storage of laundry equipment and clothing in the identified area is undertaken by an approved fire risk assessor.</p> <p>Action taken as confirmed during the inspection: Observations on the day of inspector identified that the storage of laundry equipment and clothing was still of concern despite this also having been raised recently by the fire risk assessor.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 45</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses.</p> <p>Action taken as confirmed during the inspection: Pressure relieving equipment observed and patient records reviewed evidenced that mattresses were in use in accordance with individual patient need and requirements. A daily pressure mattress checklist had been put in place.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criterion (9)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that bowel management is evidenced within the patient care records and recorded contemporaneously.</p> <p>Action taken as confirmed during the inspection: Review of nursing progress notes and records completed by care and nursing staff evidenced clear recording and governance of individual patient bowel management.</p>	Met

Area for improvement 3 Ref: Standard 35 Stated: Second time	<p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <p>Action taken as confirmed during the inspection: Monthly and quarterly IPC audits were completed with relevant action plans in place.</p>	Met
Area for improvement 4 Ref: Standard 43 Stated: First time	<p>The registered person shall ensure that the environmental issues identified on this inspection are addressed.</p> <p>Action taken as confirmed during the inspection: Observations of the environment identified a number of environmental issues including missing signage, a number of door architraves in a poor state and seating on the 1st floor badly stained.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Not met
Area for improvement 5 Ref: Standard 6 Stated: First time	<p>The registered person shall that a review of the laundry service is undertaken to address the shortage of bed linen and the concerns raised by relatives in regards to clothing going missing.</p> <p>Action taken as confirmed during the inspection: Observations and discussion with laundry and care staff confirmed that there was sufficient bed linen available at all times.</p>	Met
Area for improvement 6 Ref: Standard 12 Stated: First time	<p>The registered person shall review the meal time experience in the dementia nursing unit to ensure that the dining experience is delivered in accordance with best practice in dementia care.</p> <p>Action taken as confirmed during the inspection: The morning breakfast and the afternoon meal time were observed to be calm and well managed by staff. Patients were seated in two seating areas on each floor. Food appeared appetising and staff demonstrated</p>	Met

	positive interaction with patients.	
Area for improvement 7 Ref: Standard 4 Stated: First time	The registered person shall review the delivery of care including practices and routine within the dementia nursing unit to ensure that all aspects of patient care are delivered in keeping with best practice in dementia care. All staff working on the dementia nursing unit should have training completed in dementia care.	Met
	Action taken as confirmed during the inspection: The dementia nursing unit on the day of inspection was observed to be calm and well organised. Patients' needs were promptly attended to and staff demonstrated that they understood individual patient's needs. Review of staff training records evidenced provision of dementia training for staff.	

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 23 July 2018. It was noted that seven of the nine areas for improvement were assessed as having been met. An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Discussion with care and laundry staff and observations of patients bedrooms evidenced a sufficient supply of bed linen was available. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The home was fresh smelling and tidy throughout. However the storage of laundry equipment, clothing and heated kitchen trolleys in the identified area required some further clarification from the fire risk assessor. Other environmental issues still requiring attention included missing signage, seating in a state of disrepair, an identified door wedged open and damaged door architraves. Areas for improvement regarding these issues have been restated for a second time.

The inspector discussed the provision of dementia care training with staff and reviewed staff training records. Staff advised the inspector of the different trainings that they had completed. Observations of staff and patient interaction evidenced an improvement in the delivery of best practice dementia care particularly during including the mealtime experience.

Discussion with the manager acknowledged the ongoing challenges faced by the home regarding the recruitment of staff; this was subject to ongoing review by the senior management team. Observation of staff provision on the day of inspection and review of duty rotas provided an assurance that planned staffing levels were largely being achieved and that a contingency plan had been established.

Patients who met with the inspector and lay assessor on the day of inspection stated:

“...this is my second time here, it’s very enjoyable”

“...the food is good”.

At the time of writing this report, four questionnaires from patients’ representatives had been returned; the responses indicated that patient representatives were satisfied/very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded included:

“...lovely place, lovely staff”

“...laundry issues, but good care”

“...i had occasion to complain in June 2018, don’t know if it was recorded”

“...nice food, Jancey is a good nurse”.

Questionnaire comments received after specified timescales will be shared with the manager, as necessary.

Staff were asked to complete an online survey; we had no completed responses within the timescale specified.

The inspector reviewed the three most recent reports completed on behalf of the responsible individual under regulation 29, a review of the reports evidenced that actions identified had not been consistently signed off by the manager to evidence that actions had been completed. This was discussed with the manager who agreed to ensure to complete going forward.

A review of monthly and quarterly infection prevention and control audits evidenced that these were completed with relevant action plans in place.

The inspector reviewed the care records for five patients within the home. Records reviewed evidenced that in each case pressure relieving equipment was maintained in accordance with individual patient need, governance arrangements were in place to support this. Care records for the monitoring of patient bowel management provided assurances that recording of patient bowel movements was being maintained and reviewed by a registered nurse.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the meal time experience, dignity and privacy, staff knowledge of patients’ wishes, preferences and assessed needs.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Bowen, manager and members of the senior regional management team 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 DHSSPS 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)(a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that a review of the storage of laundry equipment and clothing in the identified area is undertaken by an approved fire risk assessor.</p> <p>Ref: 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken: The laundry has been rearranged to allow for the storage of the equipment and clothing within the laundry. this reflects the advice given in the fire risk assessment completed on the 18.8.18</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the environmental issues identified on this inspection are addressed.</p> <p>Ref: 6.2 & 6.3</p> <p>Response by registered person detailing the actions taken: a programme of painting the door frames has commenced . a quote has been raised for the replacement of the flooring in the lounge in the nursing floor. this is pending approval a project has been commenced on priority projects for the refurbishment including the renewal of the chairs on the nursing floor</p>

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



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