



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 February 2020



Blair House Care Home

Type of Service: Nursing Home (NH)

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel no: 028 9182 4450

Inspector: Sharon McKnight

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 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 registered nursing home which provides care for up to 53 patients.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Vera Ribiero
Person in charge at the time of inspection: Vera Ribiero	Number of registered places: 53
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: 40

4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 7:40 hours to 16:45 hours.

The inspection assessed progress with all 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.

There were examples of good practice found in relation to the assessment of patients' needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients' required.

We saw that staff supported patients to make daily choices and that the culture and ethos of the home supported patient dignity and privacy.

There were stable management arrangements with systems in place to provide management with oversight of the services delivered.

Areas requiring improvement were identified with regard to the recruitment records.

Patients told us they were happy living in the home.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

Evidence of good practice was found in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was clean, fresh and safely managed.

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 which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Vera Ribeiro, Registered Manager and Sharon Butler, Regional Care Director, 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 dated 5 November 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

Enforcement action resulted from the findings of this inspection.

Significant concerns were identified in relation to the nursing home operating outside of its condition of registration and Statement of Purpose. 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) – Statement of Purpose and Regulation 18(1) – Facilities and services.

At this meeting Vere Ribeiro, Manager and Sharon Butler, Regional Care Director representing the responsible person, acknowledged the deficits identified and presented an action plan as to how the deficits would be addressed by management. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 3 – 23 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- seven patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of monthly visits completed on behalf of the registered provider
- RQIA registration certificate

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

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 previous inspection(s)

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 12(1) Stated: First time	The delivery of care in the early morning must only be provided in response to individual need.	Met
	Action taken as confirmed during the inspection: Observation of care delivery and discussion with staff confirmed that this area of improvement has been met.	
Area for improvement 2 Ref: Regulation 19(1)(1) Schedule 3 Stated: First time	The registered person shall ensure that contemporaneous records are maintained of the nursing care provided to patients during the early morning routine.	Not met
	Action taken as confirmed during the inspection: The records of patients who had been assisted to wash to and dress did not reflect the care provided during the early morning routine. This area for improvement has not been met and is stated for a second time.	
Area for improvement 3 Ref: 16(1) Stated: First time	The registered person shall ensure that care plans are in place to meet patients identified needs.	Met
	This includes but is not limited to the preferred early morning routines, management of behavioural issues, pain management, distress reactions, anticoagulants and fall, Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal medication records are fully and accurately completed.</p>	Met
<p>Area for improvement 5</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>Area for improvement 6</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>	Met
<p>Area for improvement 7</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>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Pain assessments and care plans for the management of pain were in place and regularly reviewed. This area for improvement has been met.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of records evidenced that this area for improvement has been met.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The manager has good systems in place to ensure that the home operates within its categories of care. This area for improvement has been met.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: We observed that gluten free bread was stored separately and that a toaster, clearly labelled, was available. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 28 Stated: Second time	The registered person shall ensure that the management of warfarin is closely monitored.	Met
	Action taken as confirmed during the inspection: The manager explained that new systems were in place for the monitoring of warfarin. The registered nurses spoken with were knowledgeable of the new systems. A review of records evidenced that warfarin was accurately administered. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 28 Stated: First time	The registered person shall ensure that robust processes are implemented for the management of distressed reactions	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of records evidence that systems were in place of the management of distress reactions. This area for improvement has been met.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure that the nurse in charge of the building is clearly identified on the nursing rota and communicated to staff.	Met
	Action taken as confirmed during the inspection: The nurse in charge of the building was clearly identified on the nursing rota and communicated to staff. This area for improvement has been met.	

Area for improvement 5 Ref: Standard 41(1) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Since the previous inspection there have been significant changes to the location within the home where dementia care is delivered. The manager confirmed that staffing levels throughout the home are kept under review. No issues were identified with the provision of staffing during this inspection. This area for improvement has been met.	
Area for improvement 6 Ref: Standard 1(7) Stated: First time	The registered person shall systematically review provision of pillows afforded to each patient to ensure optimum comfort.	Met
	Action taken as confirmed during the inspection: We observed that there was an adequate supply of pillows available for patients. This area for improvement has been met.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

A system was in place to identify staffing levels to meet the patient's needs. A review of the staff rotas for the period 3 – 23 February 2020 confirmed that the staffing numbers identified were provided.

Observation of the delivery of care throughout the day evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely manner. There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was employed to plan and deliver a range of social activities

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they had the skills to provide care and to help keep patients safe. Review of staff training records confirmed this.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection. Unfortunately there were no responses.

We reviewed two recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Gaps in employment and information regarding the candidates' reason for leaving previous employment where candidates have worked with children or vulnerable adults were not recorded. This was identified as an area for improvement. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home.

Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities.

We discussed how patients are protected from abuse. Safeguarding and protection of patients is included in the induction and annual training programme for staff including how to report any concerns. Staff registration with their regulatory body is checked on a monthly basis to ensure they remain appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this 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. Patients, where possible, their relatives and the healthcare professionals from the relevant health and social care trust were all informed of the decision to use restrictive practice.

If a patient had an accident a report was completed. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise, the risk of further falls.

We discussed with the manager and staff the recent implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards (DoLS). There was some confusion of staff understanding between the Northern Ireland legislation and the homes deprivation of liberty processes. The manager has completed level 2 training; level 3 training was previously booked but has been rescheduled for 25 February 2020. There were no other arrangements in place for staff to receive training. We discussed the recent admissions to the home; staff were unclear of the application of the DoLS. Confirmation was received from the manager following the inspection that the necessary safeguards had commenced prior to admission to the home. We met with the regional care director in RQIA following the inspection to discuss the implementation of the Mental Health Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards (DoLS). They provided assurances around a training plan for the home and the introduction of a local procedure to guide staff.

The environment in the home was warm and fresh smelling and provided comfortable surroundings for the patients and those that visit them. We also saw that fire safety measures and Infection Prevention and Control (IPC) measures were in place to ensure patients, staff and visitors to the home were safe. One identified dining area was untidy with food stained and food crumbs evident in and around the dresser. This was discussed with the manager who agreed to address the issue with immediate effect.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff, staffs attentiveness to patients and patient safety. The environment was clean, fresh and safely managed.

Areas for improvement

One area for improvement was identified in relation to recruitment records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We spoke with seven patients individually who were very happy with the care they were receiving. They confirmed that staff arranged visits from healthcare professionals, for example their GP, podiatry, opticians and dentists when they needed them. If they were required to attend hospital appointments the staff made the necessary arrangements for them to attend.

As previously discussed a range of assessments, to identify each patient's needs, were completed on admission to the home. From these, care plans, which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

We reviewed the management of nutrition, patients' weight and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

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 on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly.

We reviewed how patients' needs in relation to wound prevention and care were met. Records confirmed that wounds care was in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Patients’ nutritional needs were identified through assessment and appropriate care planning to identify the specific support required by each patient. Patients’ weights were kept under review and checked a minimum of monthly to identify any patient who had lost weight. Referrals were made to dietetic services as required and details were recorded in the patient’s care records. Food charts were maintained where there was an identified need to record patient’s daily intake. The archiving arrangements of the completed supplementary charts were commended; charts were well ordered and easy to retrieve.

We observed the serving of lunch in the dementia unit where lunch is served over two sittings. There was a relaxed atmosphere in the dining rooms and the tables were nicely set for lunch. There was a choice of two dishes at each meal time. The meals served looked and smelt appetising. Patients told us the meals were tasty. Staff were present in the dining rooms to ensure that the patients were happy with their meal, to remind and encourage the patients to eat and to provide assistance to those patients who required help with their meal. One patient told us “The food is good, they know how to cook.”

We reviewed the prevention and management of falls. Care records evidenced that a post fall review was completed within 24 hours of the patient sustaining a fall to identify the possible reason for the fall and take any preventative action necessary. We reviewed the accident book and can confirm that recorded accidents were appropriately managed with medical advice sought as required.

Patient care was discussed at the beginning of each shift in the handover report. All of the staff spoken with were knowledgeable of individual patient need and of each patient’s routine.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment of patients’ needs and the planning of how these need would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients’ required.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 07:40 hours; a small number of patients in the general nursing unit had been assisted to wash and dress and were sitting in the lounge; the patients in the dementia unit were all still in bed. There was a quiet atmosphere throughout the home. Staff spoken with were knowledgeable of individual patient needs and preferences with their morning routine.

Patients told us that they were supported to make daily choices, for example, where to spend their day, have their meals and what time they liked to go to bed. They told us:

“Everyone is very good.”

“I chose what I wear everyday.”

“Its alright here, I’m happy enough.”

We spoke with one relative who was happy with the standard of care delivered in the home. They told us:

“They are all very well looked after.”

As previously discussed we provided questionnaires in an attempt to gain the views of relatives, and staff who were not available during the inspection; unfortunately there were no responses received.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

“The home is always so clean and tidy and staff are always very nice.”

“Many thanks for... week with you. He was very happy and was really well looked after.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the maintenance of patient’s dignity and privacy.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There were stable management arrangements in the home. The manager, who has responsibility for the day to day operation of the home, has been in post since July 2019 and was knowledgeable of her responsibility with regard to regulation and notifying the appropriate authorities of events. They are supported in their role by the regional care director and a team of registered nurses who were present throughout the inspection and knowledgeable of the day to day running of the home and patient care.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included the medications, care records and accidents and incidents.

The owner of the home is required to check the quality of the services provided in the home. This is done by the operations manager during monthly unannounced visits to the home; a report is made of the outcome of these visits. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available in the home.

A complaints procedure was available in the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken, if the complainant was satisfied with the outcome and how this was determined.

Examples of compliments received have been provided in section 6.5 of this report.

Areas of good practice

The following areas were identified for improvement in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 Vera Ribeiro, Registered Manager and Sharon Butler, Regional Care Director, 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 nursing 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 2</p> <p>Ref: Regulation 19(1)(1) Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the day of the inspection</p>	<p>The registered person shall ensure that contemporaneous records are maintained of the nursing care provided to patients during the early morning routine.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Supervision held with responsible staff as to ensure that any care provided to service users is recorded accurately. Daily morning routine has been highlighted, person in charge of the unit to obtain confirmation that this is completed on a daily basis and Home Manager to complete spots checks.</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 38.3</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered manager shall ensure that:</p> <ul style="list-style-type: none"> • explanations are recorded for any gaps in employment • information regarding the candidates' reason for leaving previous employment for all positions where candidates have worked with children or vulnerable adults are recorded <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: This is implemented on recruitment process. Information for specific employee was completed however not printed in file on the day of inspection. This has been rectified.</p>

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



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