

Inspection Report

25 August 2022



Blair House Care Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: Healthcare Ireland (No. 4) Limited</p> <p>Responsible Individual: Mrs Amanda Mitchell</p>	<p>Registered Manager: Ms Leeanna Bonar – Acting Manager</p>
<p>Person in charge at the time of inspection: Ms Leeanna Bonar</p>	<p>Number of registered places: 53</p> <p>There may be a maximum of 28 patients accommodated within category NH-I and accommodated within a designated unit. There are two named patients in category NH-PH to be accommodated in the nursing unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 41</p>
<p>Brief description of the accommodation/how the service operates: Blair House Care Home is a registered nursing home which provides care for up to 53 patients. The home is a modern purpose built building. It is divided into three units, one on the ground floor and two on the first floor. The home provides care to frail elderly patients and to patients living with dementia. There is also a registered residential care home located within the same building; the manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 August 2022, from 9.45am to 3.50pm. This was completed by a pharmacist inspector and focused on medicines management within the home.

RQIA received information on 18 August 2022 that the Health and Social Care Trust had issued a Performance Notice to the Responsible Individual because it was concerned in relation to the robust and sustainable nature of the systems in place to manage the ordering of prescribed medicines and to ensure adequate supplies were available.

This inspection was undertaken to review the medicines management systems in place and ensure that the management of medicines was safe.

One area for improvement identified at the last inspection was also reviewed. The remaining nine areas for improvement identified at the last inspection have been carried forward for review at the next care inspection.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and patients were administered their medicines as prescribed.

Based on the inspection findings and discussions held, RQIA are satisfied that this service was providing safe and effective care in a caring and compassionate manner.

RQIA would like to thank the staff for their assistance throughout the inspection.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

4.0 What people told us about the service

The inspector met with the manager, peripatetic manager, peripatetic clinical lead and four nurses.

Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Feedback methods included a staff poster and questionnaires which were provided to the manager for any patient or their family representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no questionnaires had been received by RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 21 and 22 July 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(9)(a) Stated: Second time	The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 17(1) Stated: First time	The registered person shall ensure that a robust system of audits is implemented and records maintained to evidence that they are effective in identifying deficits and driving any improvements needed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 10(1) Stated: First time	The registered person must ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 Ref: Standard 18.6 Stated: First time	The Registered Persons shall ensure that the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions, is recorded on every occasion.	Met
	Action taken as confirmed during the inspection: Arrangements were in place to record the reason for and outcome of the administration of medicines, prescribed for use 'when required' for the management of distressed reactions. These medicines were infrequently used.	
Area for improvement 2 Ref: Standard 41 Stated: Second time	The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 39.9 Stated: First time	The registered person shall ensure that mandatory training requirements are met.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available at each meal time.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 5 Ref: Standard 23.5 Stated: First time	The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately. Systems to ensure that the correct setting is maintained must be implemented.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 46 Stated: First time	The registered person shall ensure that light and/or emergency pull cords throughout the home have wipe-able cord covers that can be effectively cleaned.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 7 Ref: Standard 11 Stated: First time	The registered person shall ensure that records are maintained of all activities that take place.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Patients in nursing homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for four patients. Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a patient's behaviour and were aware that this change may be associated with pain, infection or constipation.

The management of pain was discussed. Nurses advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

The management of thickening agents was reviewed for four patients. For each patient, a speech and language assessment report and care plan was in place. Records of prescribing and administration were maintained. However, for two patients the recommended consistency level was not recorded on their personal medication records and medicine administration records; this was rectified by the nurse during the inspection. The need for the thickener consistency level to always be recorded on these records was discussed with management.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was too low.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Management advised of the action they had taken following several incidents where medicines had been out-of-stock in order to ensure that medicines are supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines.

5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. They were found to have been fully and accurately completed. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record books. There were satisfactory arrangements in place for the management of controlled drugs. The controlled drug record books had been maintained in a satisfactory manner.

Occasionally, patients may require their medicines to be crushed or added to food/drink to assist administration. To ensure the safe administration of these medicines, this should only occur following a review with a pharmacist or GP and should be detailed in the patient's care plans. Written consent and care plans were in place when this practice occurred.

Management and nurses audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. The medicine records had been accurately completed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that the medicines were being administered as prescribed.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that their staff are competent in managing medicines and that they are supported.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

* The total number of areas for improvement includes nine which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Ms Leanna Bonar (Manager) and Ms Alana Irvine, Peripatetic Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13(9)(a) Stated: Second time To be completed by: With immediate effect (22 July 2022)	The Registered Persons shall ensure that staff are encouraged and supported to maintain good personal and professional relationships. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 2 Ref: Regulation 17(1) Stated: First time To be completed by: 21 October 2022	The registered person shall ensure that a robust system of audits is implemented and records maintained to evidence that they are effective in identifying deficits and driving any improvements needed. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Regulation 10(1) Stated: First time To be completed by: With immediate effect (22 July 2022)	The registered person must ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Action required to ensure compliance with Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41 Stated: Second time To be completed by: With immediate effect (22 July 2022)	The Registered Persons shall ensure that staffing provision is consistently provided in accordance with patient dependency. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

Area for improvement 2 Ref: Standard 39.9 Stated: First time To be completed by: With immediate effect (22 July 2022)	The registered person shall ensure that mandatory training requirements are met.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect (22 July 2022)	The registered person shall ensure that the daily menu is on display in a suitable format and in an appropriate location, showing patients what is available at each meal time.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 4 Ref: Standard 23.5 Stated: First time To be completed by: With immediate effect (22 July 2022)	The registered person shall ensure that pressure relieving mattresses which require the setting to be completed manually are set accurately. Systems to ensure that the correct setting is maintained must be implemented.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1
Area for improvement 5 Ref: Standard 46 Stated: First time To be completed by: With immediate effect (22 July 2022)	The registered person shall ensure that light and/or emergency pull cords throughout the home have wipe-able cord covers that can be effectively cleaned.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. Ref: 5.1

<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (22 July 2022)</p>	<p>The registered person shall ensure that records are maintained of all activities that take place.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care