

Inspection Report

Name of Service: Blair House Care Home

Provider: Healthcare Ireland (No4) Limited

Date of Inspection: 4 December 2024

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

1.0 Service information

Organisation/Registered Provider:	Healthcare Ireland (No4) Limited
Responsible Individual:	Ms Andrea Louise Campbell
Registered Manager:	Mrs Kathleen Laverty
<p>This home is a registered nursing home which provides general nursing care including patients living with physical disability, dementia, those with mental health needs or patients with past/present alcohol dependence.</p> <p>The home is divided in three units over two floors; the Scrabo Unit is on the ground floor; the Conway and Greenwell Units are on the first floor.</p> <p>A residential care home is also located on the ground floor of the home; the same manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 December 2024 from 10.00 am to 5.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to the environment and staff training. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

This inspection resulted in no new areas for improvement being identified. As a result of this inspection four areas for improvement were assessed as having been addressed by the provider; two areas for improvement have been carried forward for review at a future inspection.

Full details can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. Patients said, "I love it here and I'm well looked after. The staff are great. They are friendly and I have no issues with staffing levels. I couldn't say a bad thing about anyone. I'm happier to stay in my room and have my meals there" and "I'm fine and I have no concerns. Staff are supportive".

Patients' relatives spoken with said, "The staff are friendly and kind and the care is exceptional. Communication is very good. If there is anything at all they phone me." and "There is a sense of community here and there's always plenty of activities going on. In all the time I have visited, I couldn't fault the staff or the care. His room is clean and tidy and I have no concerns".

Staff said they were committed to the patients and take pride in caring for them. They confirmed that there were good working relationships; that the manager was approachable; they felt supported in their role; they have noticed improvements since the new manager has been in post and that the home is more settled.

Following the inspection, we received no patient, patient representative or staff questionnaires within the timescale specified.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

A number of staff spoken with told us that whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. However, staff in one unit commented that staffing levels could be improved in order to efficiently meet the assessed needs of more dependent patients. This was discussed with the manager and the regional area manager who advised that a recognised patient dependency tool has been implemented to inform staffing levels and this is kept under regular review. Records checked confirmed this.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed on the notice board, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The weekly programme of activities was displayed on noticeboards advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing boccia, music mornings and arts and crafts. Staff said Christmas preparations were underway with a planned visit to Santa's Grotto, Christmas lunch and a Tea Dance in the local community centre. Patients spoken with said they enjoyed the activities they attended.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.4 Quality and Management of Patients' Environment

On arrival to the home it was noted that planned building work was underway by contractors. The area had been partitioned off with minimal disruption to patients. An application to vary the registration of the home had been appropriately submitted to RQIA prior to the commencement of the work.

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

Treatment rooms, sluice rooms and cleaning stores were observed to be appropriately locked.

Review of records and discussion with the manager confirmed environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Kathleen Laverty has been the manager in this home since 16 October 2024.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

RQIA are satisfied that work has commenced and is ongoing regarding two areas for improvement previously identified, in relation to the home operating within its Statement of Purpose. An application to vary the registration of the home was submitted to RQIA and the manager advised that work was ongoing with the relevant Healthcare Trusts to ensure that patients are appropriately placed. Both areas for improvement have been carried forward for review at a future inspection.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations.

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes two 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 Mrs Kathleen Laverty, Manager, and the management team, 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 Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 3 (3) Stated: Second time To be completed by: 7 November 2023	<p>The registered person shall ensure that the home operates within its Statement of Purpose and that the premises are suitable for achieving the aims and objectives in the Statement of Purpose.</p> <p>Ref: 2.0 & 3.3.5</p>
	<p>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.</p>
Area for improvement 2 Ref: Regulation 15 Stated: First time To be completed by: From the date of inspection 9 & 10 May 2024	<p>The registered person shall ensure that assessment of patients' needs is kept under review to ensure that patients are placed in an appropriate care setting according to their assessed needs.</p> <p>This relates specifically to Conway Unit.</p> <p>Ref: 2.0 & 3.3.5</p>
	<p>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.</p>

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