

Inspection Report

9 & 10 May 2024



Blair House Care Home

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Healthcare Ireland (No4) Limited</p> <p>Responsible Individual: Ms Amanda Mitchell</p>	<p>Registered Manager: Ms Leeanna Bonar – Not registered</p>
<p>Person in charge at the time of inspection: Ms Leeanna Bonar</p>	<p>Number of registered places: 65</p> <p>There will be a maximum of 28 patients accommodated within category NH-I and 1 named patient in category NH-PH in the Conway unit. There may be a maximum of 15 patients accommodated within the category NH-DE in the Greenwell unit. There may be a maximum of 21 patients accommodated within the categories NH-A, NH-MP, NH-MP(E), NH-PH and NH-PH(E) in the Scrabo Unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. A – Past or present alcohol dependence.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 56</p>
<p>This home is a registered nursing home which provides nursing care for up to 65 patients. 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 9 May 2024 from 09.35 am to 5.25 pm and 10 May 2024 from 09.30 am to 4.00 pm by a care inspector.

The inspection assessed progress since the last inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to patient care, the dining experience, the provision of activities and maintaining good working relationships.

Four new areas requiring improvement were identified during the inspection; these are discussed in the main body of the report. Two areas for improvement previously stated have been partially met and are now stated for a second time.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, patients' representatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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 we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Leeanna Bonar, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Patients said they felt well looked after, found the staff to be helpful and friendly and enjoyed the food. Comments made by patients included; "I never have to wait for anything; the staff are very good", "I like being here" and "the staff support me well and respect me if I want to do something myself as if they did it for me it would de-skill me".

Staff said they were satisfied that teamwork was good and that their training needs were met. Staff in the Scrabo and Greenwell units were satisfied with staffing levels. However, staff in Conway unit said that staffing levels were not satisfactory on occasions to allow them sufficient time to meet the needs of more dependent patients. Comments made by staff regarding staffing levels are discussed in more detail in section 5.2.1.

Comments made by patients and staff were brought to the attention of the manager for information and appropriate action.

Patients' relatives and visitors told us they were very satisfied with the care provided by staff and management. They confirmed that they could discuss concerns with the staff or the manager and were confident any issues raised would be addressed.

No completed questionnaires or responses to the staff survey were received following the inspection.

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

5.0 The inspection

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

Areas for improvement from the last inspection on 7 November 2023		
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	<p>The registered person shall ensure that staffing levels in all units of the home, including in the Conway unit, are maintained at a satisfactory level. Staff should have sufficient time available to meet all the personal care needs of the patients and also their social care and engagement needs.</p>	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met; see section 5.2.1 for details.</p> <p>This area for improvement is stated for the second time.</p>	
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) (c) Stated: First time	<p>The registered person shall ensure that the home is kept free from hazards and avoidable or unnecessary risks to the safety of patients. This includes, but is not limited to, ensuring that food, drinks, thickening agents and staff belongings are stored safely and in an appropriate designated area.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' wishes and feelings and the potential impact of any changes on their quality of life are taken into account and accommodated for.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 3 (3)</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met; see section 5.2.5 for details.</p> <p>This area for improvement is stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 32 (h)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that RQIA receives a variation application, prior to the commencement of any work in the home. Work should not proceed until the application has been reviewed and approved.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: Second time	The registered person shall ensure that patients have call bells available and in reach. Where patients are unable to use a call bell to summon assistance a relevant care plan should be developed to detail how patients will summon assistance or the monitoring arrangements in place as an alternative.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 46 Stated: Second time	The registered person shall ensure that equipment such as hoists and wheelchairs are decontaminated according to the cleaning schedules in place and also as and when required. There should be a system in place to ensure that items, such as bed tables, are replaced when wear and tear impedes effective cleaning.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of records for a staff member evidenced that all of the required information and pre-employment checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment.

Staff said that they worked well together and that they supported each other on their roles. Staff in Greenwell Unit and Scrabo Unit confirmed that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence.

However, in the Conway Unit, staff told us that staffing levels were generally satisfactory until after lunch but that additional staff were required in the afternoon due to the increasing dependency of patients with cognitive impairment. Staff advised that there was insufficient time to spend with patients outside of delivering direct care. Staff recognised that not all care should be task orientated and that having time to chat and engage with patients has a positive impact on their wellbeing, especially for those patients with cognitive impairment. The manager confirmed that the number of staff on duty was regularly reviewed and advised that an extra member of staff had recently been allocated from 08.00 am to 2.00 pm to assist with the morning routine and the lunch service. The manager confirmed that staffing levels for the afternoon shift in Conway Unit would be reviewed. An area for improvement was identified for a second time.

The Conway Unit is registered to provide general nursing care; there were a significant number of patients with a cognitive impairment. The registration of the home and the Statement of Purpose was discussed with the manager who agreed to arrange care reviews with the relevant health and social care trust to ensure patients were appropriately placed. An area for improvement was identified. This issue is further discussed in section 5.2.5.

We discussed patient dependency and how this was used to determine the required staffing levels. There was no formal dependency tool in use. This was identified as an area for improvement.

The provision of mandatory training was discussed with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of the staff training and development plan for 2024 evidenced that staff had attended training regarding adult safeguarding, moving and handling, first aid, control of substances hazardous to health (COSHH) and infection prevention and control (IPC). It was noted that not all staff had completed training in relation to dementia awareness and fire safety. An area for improvement was identified.

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager, Ms Leeanna Bonar, was identified as the appointed safeguarding champion for the home.

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.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

On inspection of one unit it was observed that a cupboard containing patient records and information was unlocked and easily accessed. The management of records in accordance with legislative requirements and best practice guidance was discussed with the registered nurse on duty and the manager who ensured the cupboard was locked immediately. An area for improvement was identified.

Patients' needs were assessed 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.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Care records regarding the use of the nurse call system were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of patients. Where patients are unable to use a call bell to summon assistance, care plans detailed how patients will summon assistance; this is good practice.

Supplementary records regarding the provision of showers/baths were noted to be well documented and reflected if a patient had declined care offered.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining area in Greenwell Unit. The daily menu including a pictorial menu was displayed showing patients what was available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime.

Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished 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. Patient call systems were noted to be answered promptly by staff. We observed that some patients may have difficulty identifying their own rooms as there was nothing familiar on or beside the door to help them recognise their bedroom. This was discussed with the manager who confirmed she was making arrangements to address this. This will be reviewed at the next inspection.

It was noted that some areas of the home require refurbishment. This was discussed with the manager who confirmed that a refurbishment plan is in place. This will be reviewed at the next inspection.

Equipment used by patients such as hoists, wheelchairs and walking aids were noted to be effectively cleaned.

Sluice rooms and the cleaning stores were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

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.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice boards advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as going out to the nearby breakfast club and community centre, arts and crafts. Staff said the local community were extremely supportive and had provided the home with funding for a six-week exercise programme of activities. After lunch, patients were observed to enjoy a lively session of the programme facilitated by community staff, where they were placed into teams to play hula hoop and ball games.

Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in the management arrangements. Ms Leeanna Bonar has managed the home since 29 November 2023. Discussion with staff evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home.

As previously discussed in section 5.2.1 concerns were identified regarding the needs of a number of patients in Conway Unit. The manager must ensure that the assessment of patients' needs is kept under review to ensure that patients are placed in an appropriate care setting according to their assessed needs. The manager must also ensure that the home operates within the Statement of Purpose. This was identified as an area for improvement as a result of the previous inspection and is now stated for a second time.

A review of records and discussion with the manager confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of a selection of competency and capability assessments evidenced they were completed for trained staff left in charge of the home when the manager was not on duty. The duty rota accurately identified the person in charge.

The manager advised that staff supervisions had commenced and arrangements were in place to ensure that all staff members have regular supervision and an appraisal completed this year.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, the patient dining experience, accidents/incidents, complaints and infection prevention control (IPC) practices, including decontamination of equipment and hand hygiene.

The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' GP, next of kin, their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports were made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

The manager confirmed that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Records reviewed evidenced that patient, patients’ relative/representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Staff said that there were good working relationships and commented positively about the manager and described her as approachable, understanding, supportive and available to offer advice.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
Total number of Areas for Improvement	3*	3

* the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Leeanna Bonar, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 7 November 2023</p>	<p>The registered person shall ensure that staffing levels in all units of the home, including in the Conway unit, are maintained at a satisfactory level. Staff should have sufficient time available to meet all the personal care needs of the patients and also their social care and engagement needs.</p> <p>Ref: 5.1 & 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As a result of a review of dependency levels, staffing was reviewed in January 2024 and staffing levels were increased. A recognised dependency acuity tool is being used to review staffing and will be used monthly to assure staffing is in line with the required needs of our residents.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 3 (3)</p> <p>Stated: Second time</p> <p>To be completed by: 7 November 2023</p>	<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: 5.1 & 5.2.5</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 9 & 10 May 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Responsible Individual and the Registered manager have entered into a process with the commissioning Trusts to have a formal assessment of needs for all residents residing in the general nursing unit. The outcome of the assessments will inform the category of care going forward and is most likely going to result in an application for a variation of category of care of the Conway Unit.</p> <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: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>There is a plan for the reassessment of residents and we will continue to keep the category of care which residents are residing in under review.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 9 & 10 May 2024</p>	<p>The registered person shall ensure that an appropriate, patient dependency tool is implemented to inform the number and ratio of staff required in order to meet the care needs of patients.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>A recognised patient dependency tool has been implemented which has confirmed the correct number and ratio of staff required has been implemented.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2024</p>	<p>The registered person shall ensure that staff attend fire safety and dementia awareness training.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Fire Awareness Training is currently 92.4% & Dementia Awareness is currently 95.3%</p>
<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed: From the date of inspection 9 & 10 May 2024</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have had a supervision completed regarding the safe storage of records in accordance with the DHSSP policy, procedures & Guidance and best practice standards.</p>

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