

Inspection Report

Name of Service:	Blair Mayne
Provider:	Healthcare Ireland (No.4) Limited
Date of Inspection:	25 September 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 (No.4) Limited
Responsible Individual	Ms Andrea Louise Campbell
Registered Manager:	Mrs Cara Parker – not registered
<p>This home is a registered residential home which provides social care for up to 28 residents living with dementia. The home is a modern purpose built building with the residential home located on the ground floor. Residents bedrooms all have ensuite facilities. The facilities include an enclosed garden.</p> <p>A registered nursing home, Blair House, is located within the same building and is under the same management.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 September 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 20 February 2024, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

An area for improvement from the last care inspection was stated for a second time. Full details, including new areas for improvement identified, 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 resident'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

Residents spoke positively about life in the home. Comments included, "The girls are great," and "The staff here could not be better, they are very kind." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "We are very well looked after." Another resident said, "I have no complaints, there is plenty to do in the home."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

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.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

There was a system in place to ensure staff received their annual appraisal but not all staff appraisals were up to date. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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

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

The dining experience observed was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Residents were enjoying their meal and their meal.

There was a menu board that listed menu choices, located in the corner of the dining room/lounge area. This was not easily seen by residents. It was discussed with the manager how the menu could be displayed in a pictorial format, helping residents living with dementia understand the menu better, and be located in a more prominent place. An area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The programme of social events was displayed on the noticeboard advising of future events. There was a wide range of events with some involving the local community. For example, arts and crafts, musical activities, church services and outings.

3.3.3 Management of Care Records

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

Residents care records were held confidentially.

Care records were person centred well maintained and regularly reviewed. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. Residents bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A malodour was found in an identified bedroom. An area for improvement was identified.

An activity room and a small lounge had a keypad on the door, preventing residents from having access to these areas. Assurances have been received following the inspection that access to these areas was being reviewed by management. An area for improvement was identified.

Incontinence products were also found to be stored inappropriately in some bedrooms and in the small lounge. An area for improvement has now been stated for a second time.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Cara Parker has been the manager of this home since 16 September 2024.

Staff commented positively about the the management team in the home.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement include one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager ,Mrs Cara Parker, deputy manager, Kathleen Laverty, and two members of the management team 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 12.4 Stated: Second time To be completed by: 01 December 2024	<p>The registered person shall ensure there is a managed environment that minimises the risk of infection. This is stated in relation to, but not limited to, incontinence pad storage in the home.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The storage room in Blair Mayne is scheduled to have shelving erected by the 1st of December 2024 for the safe storage of medical products</p>
Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: 01 December 2024	<p>The Registered Person shall ensure that all staff have an annual appraisal.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Appraisals have taken place for all relative members of staff. An appraisal matrix is in place.</p>
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 01 December 2024	<p>The registered person shall ensure that the daily menu displayed in the dining room is reviewed to ensure it is in a suitable format for residents living with dementia to be able to understand it, and in an appropriate location.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: The menu is now displayed within the dining room in a pictorial format at an appropriate size for all residents to be able to read.</p>
Area for improvement 4 Ref: Standard 27.1 Stated: First time To be completed by: 01 December 2024	<p>The registered person shall ensure that the root cause of the malodour in the identified bedroom is investigated, and appropriate action is taken to eliminate the odour.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: Root cause of malodour has been identified and as a result there is now enhanced cleaning of the identified bedroom and ensuite to take place to reduce malodour. Specialist equipment has been requested for individual resident need.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 01 December 2024</p>	<p>The registered person shall review the locking of the activity room and lounge to ensure that residents access to communal space is not restricted .</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken: The lock has been removed from the lounge and now residents have full access to this communal space at all times.</p>

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