



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Bluegate Lodge
Establishment ID No:	11111
Date of Inspection:	14 August 2014
Inspector's Name:	Ruth Greer
Inspection No:	17753

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Bluegate Lodge
Address:	1 Plantation Road Garvagh BT51 5ES
Telephone Number:	(028) 2955 7512
E mail Address:	info@bluegatelodge.co.uk
Registered Organisation/ Registered Provider:	Mrs Mairead Bernadette Brolly
Registered Manager:	Mrs Mairead Bernadette Brolly
Person in Charge of the home at the time of Inspection:	Mrs Adele Mullan
Categories of Care:	RC-DE, for 2 persons and RC-I
Number of Registered Places:	5
Number of Residents Accommodated on Day of Inspection:	5
Scale of Charges (per week):	Trust rates & £24 top-up
Date and type of previous inspection:	20 March 2014
Date and time of inspection:	14 August 2014 10:20 to 13:45
Name of Inspector:	Ruth Greer

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this unannounced inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge of the home Mrs Mullan
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

Standard 9 - The Health and Social Care Needs of Residents are Fully Met.

The inspector has rated the home's Compliance Level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Bluegate Lodge Private Residential Home is a purpose built home, registered in September 2010 by the Regulation and Quality Improvement Authority, to care for up to five residents, under the old and infirm category of care with an additional category of DE (dementia in respect of 2 residents)

The home is located in a rural location, just outside the small town of Garvagh with pleasant views over the surrounding countryside.

The home is owned and managed by Mrs Mairead Brolly, with staffing largely met by a small team of staff including her wider family circle.

SUMMARY

An inspection was undertaken of Bluegate Lodge Residential Care Home on 14 August 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA). The inspection was unannounced

The Deputy Manager Mrs A Mullan was in charge of the home and facilitated the inspection. Mrs Brolly (Registered Manager) was off duty but called in to the home as the inspection progressed.

Two matters which were raised for action as a result of the previous inspection were reviewed and the home was found to be compliant with one. A second issue in relation to staff files has been re stated.

The environment was found to be warm, bright and well maintained. No hazards were noted on an examination of the premises.

Residents and one relative reported that they have a high opinion of the care provided. Further details of the inspector's discussions can be found in section 1 and 2 in Additional Matters of this report

There was evidence that the staff on duty have worked in the home for some time and know residents well. Staffing levels on the day were acceptable for the numbers and needs of the persons accommodated.

This unannounced inspection focussed on Standard 9 of the Residential Care Standards. The health and social care needs of residents are fully met. To assess the home's compliance level with the standard the inspector sought the views and opinions of all residents and one visiting relative, examined the premises, reviewed a selection of care records, discussed care with the staff on duty and observed the care practice on the day. As a result the home is assessed as compliant with the requirements of this standard.

One requirement has been made is in relation to the process of staff recruitment. Further details can be found in section 3 in Additional Matters of this report and in the quality improvement plan appended.

The inspector wishes to acknowledge the full co operation of all staff on duty at this unannounced inspection and extends her gratitude to the residents and one relative who spoke with her.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.3	Signatures of residents / relatives should be included in review reports.	The signatures of residents/relatives are in place as recommended.	Compliant
2	Standard 19.2	The staff files should be reviewed to ensure they contain all the elements included in this criterion.	A review of staff files found that two recently appointed staff did not have up to date Access NI checks in place. A requirement has been made in this regard.	Re stated in this report

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: There are just five residents in Bluegate Lodge which is a small family run home. The care files examined contained the details as set out in this criterion. The inspector was informed that any new resident may retain his/her own GP if the GP is agreeable to travel to the home. If not the resident is offered to register with the local GP practice. The deputy manager stated that excellent working relationships have been made with the GP practice and a good medical/nursing service is provided by them to residents in the home.</p>	Compliant
<p>Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: As previously stated there are just five residents most of whom have been in the home for many years. Discussions between the inspector and the two care staff on duty demonstrated that they has a very in depth and personal knowledge of each resident and fully understand the health care needs of each one and the individual interventions required to provide a good standard of care.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings: Records examined showed that frequent visits are undertaken by GP's, District nurses and Social Workers. The home maintains a matrix of when annual reviews are due and (if not already instigated by the social worker) contact the care manager to arrange a date for the review.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings: On some occasions family members accompany residents to hospital/healthcare appointments. Where a staff member accompanies feedback is provided to families via a phone call and/or face to face during a visit. The inspector spent time with one relative who confirmed that she is kept fully informed of the progress of her family member.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: The care files provided evidence that records are maintained of all healthcare appointments. Each file holds a template for this purpose and is audited by management on a monthly basis.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: On a daily basis individual aids are washed and checked by staff in the home. Dentists are contacted as required. Other equipment is repaired/replaced by the funding Trust via a referral to the district nurse.	Compliant

ADDITIONAL AREAS EXAMINED

1) RESIDENTS

There were five residents in the home on the day of this inspection. The inspector spent time with each one. The residents looked well and it was obvious that time had been spent in personal hygiene and clothes were clean and colour co-ordinated with jewellery. One staff member was attending to a resident's hair. One resident was dancing to a music video. One resident was entertaining a visitor. One resident was reading the daily paper having had a "lie in". One resident was exercising with the assistance of a walking aid. Residents demonstrated an ease in the home and a good rapport with staff. In conversation with the inspector the comments made regarding the home were all positive a selection of direct quotes can be found below:

- "Sure where would you get better?"
- "The food is lovely"
- "I love them(staff)"

2) RELATIVES

One relative was visiting at the time of the inspection. She agreed to speak with the inspector. The relative stated that she is "delighted to have found this place" for her family member. The relative said that due to the small size of the home the atmosphere is "truly like a family". The relative said that she is always welcome and offered tea and that when she takes her family member out he refers his return to Bluegate as "going home". The relative stated that she has no complaints or concerns but that if she had she wouldn't hesitate to approach the manager.

3) STAFF

On the day of this inspection there was a deputy manager in charge of the home and one care assistant. A cook was also on duty. This is considered appropriate to meet the needs of the five persons accommodated. The inspector spoke with both care staff and they demonstrated a comprehensive in depth knowledge of each resident. Staff presented as competent and caring and the practice observed on the day seemed to be respectful and friendly.

A review of staff records showed that two new domestic staff appointed had commenced employment before Access NI checks had been received. This is in breach of regulation 21 (1)(a) Schedule 2 of the Residential Care Homes Regulations(NI) 2005 and a requirement has been made in the quality improvement plan.

4) ENVIRONMENT

The home was warm, bright and in good decorative order throughout. All bedrooms are single and have been personalised to suit the occupant. No hazards were noted on the inspector's examination of the environment.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Adele Mullan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Bluegate Lodge

14 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Mullan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 21 (1)(a) Standard 19.2 Additional matters 3 of this report	Staff should not commence employment until a pre-employment Access NI check has been received.	One	Access NI checks have been carried out on all employees and will continue to be done prior to employment of any future employees	Immediate and on going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mairead Brolly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Edel Mullan (Deputy Manager)

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth greer	22/9/14
Further information requested from provider			