



The Regulation and  
Quality Improvement  
Authority

## **Announced Primary Care Inspection**

**Name of Establishment:** Bluegate Lodge  
**RQIA Number:** 11111  
**Date of Inspection:** 3 February 2015  
**Inspector's Name:** Ruth Greer  
**Inspection ID:** IN017778

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Establishment:</b>	Bluegate Lodge
<b>Address:</b>	1 Plantation Road Garvagh BT51 5ES
<b>Telephone Number:</b>	(028) 2955 7512
<b>Email Address:</b>	info@bluegatelodge.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mrs Mairead Bernadette Brolly
<b>Registered Manager:</b>	Mrs Mairead Bernadette Brolly
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Brolly
<b>Categories of Care:</b>	RC-DE, for 2 persons and RC-I
<b>Number of Registered Places:</b>	5
<b>Number of Residents Accommodated on Day of Inspection:</b>	5
<b>Scale of Charges (Per Week):</b>	Trust rates & £24 top-up
<b>Date and Type of Previous Inspection:</b>	14 August 2014 Secondary unannounced inspection
<b>Date and Time of Inspection:</b>	3 February 2015 9:45am to 1:30pm
<b>Name of Inspector:</b>	Ruth Greer

## **2.0 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 primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider/manager
- Discussions with the deputy manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	5
Staff	2
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	6	6

## 6.0 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 Standards:

- **Standard 10 - Responding to Residents' Behaviour**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

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

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 – Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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.

## 7.0 Profile of service

Bluegate Lodge is a one storey, purpose built residential home situated rurally outside the village of Garvagh.

The residential home is owned and operated by Mrs M Brolly. The current registered manager is Mrs Brolly.

Accommodation for residents is provided in single bedrooms on single storey accommodation.

Communal lounge and dining areas are provided as are catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of five persons under the following categories of care:

### Residential care

I Old age not falling into any other category

DE Dementia for two persons

## 8.0 Summary of Inspection

This primary announced care inspection of Blue gate Lodge was undertaken by Ruth Greer on 3 February 2015 between the hours of 9:45am and 1:30pm. Mrs Brolly and the deputy manager were available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement made as a result of the previous inspection was also examined. Review of documentation, observations and discussions demonstrated that the matter had been addressed satisfactorily. The detail of the actions taken by Mrs Brolly can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Brolly in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only be considered as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Bluegate Lodge was compliant with this standard.

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained but a minor addition/ amendment is recommended. Evidence gathered through the inspection process concluded that Bluegate Lodge is compliant with this standard.

## **8.3 Resident, Representatives, Staff and Visiting Professionals Consultation**

During the course of the inspection the inspector met with residents, one representative and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The daughter of one resident indicated her satisfaction with the provision of care and life afforded to her relative and complimented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

#### **8.4 Care Practices**

The atmosphere in the home was homely, friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

#### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

The inspector would like to thank the residents, one relative, registered manager and staff for their assistance and co-operation throughout the inspection process.



## 9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 14 August 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	Confirmation was found that new staff does not commence employment until all pre-employment checks are in place.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
At Blue Gate Lodge we have a small number of residents and a small staff with very little staff turnover. This in turn leads to staff knowing the residents very well and residents are familiar with the staff. All staff are very much aware of usual conduct behaviours and communication and at all times strive to promote positive outcomes for residents.	Compliant
<b>Inspection Findings:</b>	
The home had policies and procedures in place. Responding to Residents' Behaviour dated 19 August 2014 and Restraint dated 18 August 2015. A review of the policies and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.  Observation of staff interactions, with residents, identified that informed values and an in depth knowledge of each resident as an individual ensured that the use of least restrictive strategies was demonstrated.  A review of staff training records identified that all care staff had received training in behaviours which challenge entitled, 'Challenging Behaviours' on 20 October 2014 which included a human rights approach.  A review of all five residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Compliant

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	
<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
Staff are aware and can recognise uncharacteristic behaviour at an early stage and are aware of necessary action to be taken. Staff are aware of the importance of reporting such behaviour and monitoring the situation	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The policy and procedure on responding to residents' behaviour included the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>The small numbers of persons accommodated means that staff get to know residents well and are able to quickly recognise when any behaviour is out of character. Records showed that a GP visit had been booked for two residents on the day of the inspection.</p>	Compliant

A review of the records and discussions with one visitor confirmed that they had been informed appropriately.	
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
All care plans are regularly updated and contain this information. Representatives/relatives are involved and aware of this process.	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of five care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
We have recently encountered this for the first time and are in process of implementing a specific behaviour management plan. We have contacted the named worker who is trying at present to set up a meeting involving Blue Gate Lodge, the client, clients family and the CPN. The plan is to discuss behaviour, review the care plan and suitability of placement in residential care and action/management plan with a view to possible referral to behavioural sciences team. Family are aware of all ongoing process and are in agreement.	Compliant

<b>Inspection Findings:</b>	
<p>The registered manager informed the inspector that there is currently one resident whose condition has caused some concern. Records showed that a multi-disciplinary review had been organised to assess the changing needs of the resident and amend, if required, the care plan.</p> <p>No behaviour management plans were in place for any resident on the day of this inspection.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>All staff are aware and will be trained in managing that specific residents challenging behaviour - this would be done in house and in conjunction with the residents careplan and behaviour management plan and involving all relevant personnell.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> <li>• Behaviours which challenge in October 2014</li> </ul> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, and de-brief/information sessions. Discussions with staff indicated that they were knowledgeable in regard to residents’ care plans and any associated risk assessments.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All staff are aware of the importance of recording and reporting any incident and especially anything that requires intervention outside the care plan. Any incidents of this nature are reported to the named worker and if necessary the care plan would be reviewed.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p> <p>One visitor and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Blue Gate Policy is not to use restraint unless the safety of the client or other clients is at risk. All instances of restraint are recorded.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
We provide a varied range of activities tailored to suit each individual resident. We are able to do this due to the fact that we only have 5 residents and are very familiar with each clients preferences and ability. We are open to new suggestions and involve clients in discussion regarding activities they would like.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated 18 August 2014 on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All activities are enjoyable, purposeful and age and culturally appropriate. We try to promote healthy activities and at all times take into account spiritual needs. All activities are tailored according to each individuals ability.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised every week day after lunch time.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>Residents do not attend church but clergy visit regularly.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents are given the opportunity to contribute ideas and suggestions to developing activities. Those clients who prefer to stay in their rooms are encouraged to participate in group activities, failing this time will be set aside to spend in the residents room doing one to one activities eg) nail painting, foot spa, card game, conversation etc</p>	Compliant

<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in his room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents are reminded each morning of the planned activity for the day.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	
<b>Provider's Self-Assessment</b>	
The programme of activities is displayed on a board in the day room for all residents and representatives to see.	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>It was noted that the activity for the day was a reminiscence session. Baking was planned for the following day.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
All residents are supported by staff to enable them to participate in activities, and activities are tailored to meet residents varying abilities. All necessary equipment and aids are provided.	Compliant

<b>Inspection Findings:</b>	
<p>Activities are provided for each afternoon by designated care staff. However residents were engaged throughout the morning in individual activities to suit each preference. For example one resident was watching a DVD, one resident was having her hair done; other residents were reading the morning papers.</p> <p>The care staff confirmed that there was an acceptable supply of activity equipment available. This equipment included puzzles, games, aromatherapy products, foot spa papers and magazines.</p> <p>There was confirmation from the registered manager that equipment is provided by the home and at no additional charge to the residents.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
<b>Provider's Self-Assessment</b>	
Each activity is tailored to meet the needs of each individual resident	Compliant
<b>Inspection Findings:</b>	
Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
Any 'contrated in' activities are fully checked to ensure providers are suitable and have necessary skills.	Compliant

<b>Inspection Findings:</b>	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Before any activity the provider is informed of each individual residents ability and requirements.	Compliant
<b>Inspection Findings:</b>	
There are no persons contracted to provide activities. However at times local school children visit to entertain residents. Staff are always present and can recognise when residents wish/do not to join in and for how long.	Compliant
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
An activity log is kept in the office detailing all activities and participants.	Compliant
<b>Inspection Findings:</b>	
A record of activities is maintained. However this requires review to meet the details set out in this criterion. A recommendation has been made in this regard.	Substantially Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The programme is reviewed on a monthly basis to ensure meets residents changing needs/ability.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the records identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
--	---

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
---	---

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with all five residents individually and in a group. Residents were observed relaxing in the communal lounge and one was resting in his bedroom. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I like it here"
- "You couldn't get better than here"
- "The food is great"

### **11.2 Relatives consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "This is a wonderful home, the only concern we have as a family is if X deteriorates and has to move to a nursing home"

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with all staff on duty and reviewed returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

### **11.4 Visiting professionals' consultation**

There were no visiting professionals in the home on the day.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought

## **11.8 Environment**

The inspector viewed the home with Mrs Brolly and alone and inspected all residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

Written confirmation was received at the RQIA of the home's most recent fire safety risk assessment which was dated 18 February 2015

A review of the fire safety records evidenced that an outside professional consultant undertakes a quarterly check on the fire system and that different fire alarms are tested weekly by the home staff with records retained. There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Brolly. Mrs Brolly confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.



## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Brolly, 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**

**Announced Primary Care Inspection**

**Bluegate Lodge**

**3 February 2015**

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 Brolly 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.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 13.9	The record of activities should be reviewed and amended to include all the details required by this criterion.	One	The daily record of activities now includes all details required by this criterion	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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mairead Brolly
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mairead Brolly

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Ruth Greer	13 4 15
Further information requested from provider			