



Unannounced Follow-up Care Inspection Report 12 March 2019



Bluegate Lodge

Type of Service: Residential Care Home
Address: 1 Plantation Road, Garvagh BT51 5ES
Tel No: 028 2955 7512
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home providing care to five residents with a range of needs as outlined in Section 3.0 below. The home is also registered to provide day care for a maximum of three other service users.

3.0 Service details

Organisation/Registered Provider: Bluegate Lodge Responsible Individual: Mairead Bernadette Brolly	Registered Manager: Mairead Bernadette Brolly
Person in charge at the time of inspection: Edel Mullan, deputy manager	Date manager registered: 24 August 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: Five Maximum of three residents for day care only

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 10.40 to 13.40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The following areas were examined during the inspection:

- environment
- care plans and reviews
- activities
- catering arrangements

Residents said they were happy living in the home, and loved the peace and quiet. Residents also confirmed they liked the staff, the food, and the cosy fire in the lounge. One resident described the home as: “Perfect...I’m spoilt rotten!”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mairead Bernadette Brolly, registered provider and manager and Edel

Mullan, deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 21 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous care inspection report and correspondence between RQIA and the home since the last care inspection.

During the inspection the inspector met with four residents, one day care resident and three staff, both individually and in a group setting. We also inspected the environment and observed interactions between the staff and residents.

Several questionnaires and 'Sorry We Missed You' cards were provided for residents and relatives who wished to provide feedback following the inspection. Three responses were received and all three stated they were very satisfied that care in the home was safe, effective, and compassionate and that the service was well led.

A poster was provided for staff detailing how they could provide feedback following the inspection. However, no staff responses were received within the agreed timeframe.

The following records were examined during the inspection:

- the care records of three residents
- accidents, incidents and complaints log
- Annual Quality Review report 2018 (provided electronically following the inspection)

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 August 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 21 August 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

Environment

On arrival to the home, a resident who attends for day care was being warmly welcomed by staff, and there appeared to be a positive rapport between them. Staff ensured the resident was made comfortable in the lounge, and they were promptly provided with a warm drink and some shortbread. The lounge had a large wood burning fire, contributing to the cosy and welcoming atmosphere in the home. Residents were enjoying watching television and some were sleeping peacefully in their chairs.

All residents had been supported with personal care, and this was maintained to a high standard. Female residents had their hair recently blow dried, some wore make-up, and manicures were provided regularly. Residents were dressed in clean, colour-coordinated clothing and appeared relaxed and comfortable. Residents who attended for day care were also supported with personal care, at their request.

Domestic staff had just finished their shift, and their duties were completed to a high standard as the home was very clean and tidy. Staff adhered to Infection Prevention and Control (IPC) procedures and hand hygiene was promoted throughout the home. The inspector identified some minor areas which could be further improved upon; that the cords for the blinds were securely attached to the wall in all areas; that a wipe able sheath was provided for bathroom light cords; and that the staff bathroom had a pedal bin. The deputy manager advised these would be addressed immediately. This was confirmed to RQIA electronically following the inspection.

Overall, there was a calm and quiet atmosphere in the home. Residents stated they liked living there due to the peace and quiet. Staff did not present as rushed or stressed; residents' needs were promptly attended to. Care was provided in a discreet and respectful manner; for example, staff offered support with tasks, but took care to encourage independence where possible. Staff were positive about the care provided in the home, and confirmed that there were good working relationships between residents, staff and management: "I love working here, it's a second home for them (the residents)."

Care plans and reviews

Care plans were person centred, tailored to individual needs and preferences, and promoted and protected residents' choice and dignity. For instance, care plans contained information on residents' preferred times for rising and retiring and personal care. Discussion with staff and observation of practice confirmed that this personalised care was embedded into practice.

Robust risk management was evident in care plans and review of the accidents and incidents log. One example was in relation to falls management. Residents' mobility and dependency levels were regularly reviewed to maximise their safety and independence. Referrals were made to multi-disciplinary or specialist services if and when required. Discussion with the registered manager and deputy manager confirmed their knowledge and understanding of when RQIA must also be notified of incidents.

Care plans contained a specific section detailing any safety precautions in the home which may infringe on a resident's privacy. These were assessed and agreed with the resident and/or relative, and involved professionals. Care documentation was signed to confirm that discussion and agreement had been sought. Further informed consent was evident as the home had also recently updated their policies and procedures regarding data collection in line with General Data Protection Regulations (GDPR). The inspector did note that daily care records referred to "nursing intervention" although staff were clear that nursing care is not provided in the home. Discussion with the registered manager and deputy manager confirmed they could make minor alterations to this section of the documents to ensure they accurately reflected the care provided in the home.

Annual care reviews were completed with residents, their relatives and relevant professionals. The home provided comprehensive and holistic reports in preparation for these meetings. Feedback during these reviews was positive about the care provided in the home. The home has not received any formal complaints in several years. Staff felt this due to the home being a small, close knit service. Families are proactive in approaching staff with any concerns, and the home practices an open door policy in order to provide a prompt and reactive service. This was evident from the feedback provided in the home's annual quality review survey. Residents and relatives described staff as genuine, caring and approachable: "The love and compassion shown is second to none." Comments from relatives included:

- "One hundred percent care. The service can't be improved!"
- "Top class, excellent care."
- "Improvement not required."
- "Nothing to improve...Nothing is too much hassle."

Activities

The home offers a range of planned activities, such as chair based exercise; music sessions; visits from a mobile petting zoo; and planting strawberries and cornflowers. Children from two local primary schools had visited the home over several months, and staff described how residents had loved the company, as the children were so inquisitive. Residents and the children had made ceramic charms and signs for the bedrooms; these were personalised to reflect each resident's interests. The children also performed Christmas carols in the home in December, and the home arranged a visit from Santa Claus. One resident maintained the tradition of having an 'Elf on the Shelf' and enjoyed searching for this daily. The home retains photo albums of residents enjoying such activities, adding to the homely atmosphere. This has also been a lovely way to remember residents who have since passed away.

The home no longer employs an activities co-ordinator, as it was felt that residents were not fully accessing this. Discussion with staff confirmed that they facilitate activities, which are individualised depending on the needs and preferences of the resident. For example, one resident missed working and feeling productive and so the home arranged for a small incubator to be provided. The resident then had a small job to turn the eggs, and wait for chicks to hatch.

Staff stated that they took time to provide physical and mental stimulation for residents throughout the day. For example, some residents enjoyed throwing and catching a small ball or balloon, to promote manual dexterity. Other floor games, such as bowling and indoor badminton, are also available. Staff incorporate reminiscence therapy throughout their regular conversations with residents. Staff report that this dynamic approach to activities has maximised residents' involvement. This flexible approach also benefits those who access day services, as activities are agreed with the individual on the day.

Observation of practice confirmed staff supported residents in their preferred activities. In the lounge, staff were observed encouraging a resident who enjoys word games. This resident stated they liked puzzles, and staff stated this benefitted the resident's memory. Another resident stated staff accompany her on walks in the warmer weather. Other residents enjoyed knitting, and equipment for this was readily available. There was also an ample supply of DVDs, magazines and jigsaw puzzles in the lounge, for residents to use as they wished.

Residents were also provided with activities to meet their spiritual and cultural needs. The home arranged for visits from the local priest and reverend, as well as daily bible readings and radio broadcast of church services on Sundays and other religious occasions.

Catering arrangements

Discussion with residents and review of care records confirmed that residents' dietary and nutritional needs were regularly discussed and reviewed, and that menus incorporated residents' preferences. These arrangements had been praised during one resident's annual care review. Their relatives were pleased that the resident had gained weight since moving into the home and described the home as fantastic overall.

The inspector observed the lunch time meal. A small blackboard in the lounge displayed that today's meal was chicken casserole. Residents either made their own way or were supported by staff to walk to the dining room. This was completed at a relaxed pace. The dining room was clean and the table had been set for lunch with placemats and linen napkins. Some residents preferred to eat in private, and so meals were brought to them in their bedrooms.

Food is freshly prepared in the home, and the lunchtime meal was served promptly. The food looked appetizing and portion size varied depending on the individual needs and preferences of the resident. Residents also enjoyed a warm dessert of apple and custard following their meal. Residents had a choice of hot and cold drinks, and were offered a selection of condiments, although staff were able to anticipate this due to their knowledge of each resident. Residents ate independently, although staff were on hand if needed. Residents appeared to enjoy their meal, and described the food as lovely.

Areas of good practice

Areas of good practice were identified in relation to the cleanliness of the home, the homely and welcoming environment and the person centred care provided in the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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