

# Unannounced Care Inspection Report

## 13 July 2016



## Bluegate Lodge

Type of Service: Residential Care Home  
Address: 1 Plantation Road, Garvagh, BT51 5ES  
Tel No: 02829557512  
Inspector: Ruth Greer

## 1.0 Summary

An unannounced inspection of Bluegate Lodge residential care home took place on 13 July 2016 from 10.30 to 14.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One requirement and one recommendation were stated in regard to mandatory training for staff and a review of the home's policies and procedures.

### Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of good practice in relation to communication with residents and their families.

### Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. There were examples of good practice in relation to the family atmosphere and in the staff approach and response to residents.

### Is the service well led?

No requirements or recommendations were made in regard to well led care. There were examples of good practice in regard to the close working relationships with allied health care professionals to provide a holistic approach to the care provided.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Edel Mullan deputy manager and Mairead Brolly, registered manager, position, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Bluegate Lodge	<b>Registered manager:</b> Mairead Bernadette Brolly
<b>Person in charge of the home at the time of inspection:</b>  Mairead Brolly	<b>Date manager registered:</b> 24 August 2010
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 5
<b>Weekly tariffs at time of inspection:</b> £494 plus a top up of £15	<b>Number of residents accommodated at the time of inspection:</b> 5

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the report and quality improvement plan of the previous care inspection and any notifications of accidents/incidents received at the RQIA since the previous inspection.

During the inspection the inspector met with five residents, the deputy manager and two care staff.

The following records were examined during the inspection:

- Staff training records
- Complaints
- Accidents/incidents
- Five care files
- Record of activities
- Selected policies and procedures

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2015

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the specialist inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 20 October 2015

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 6.7 Reference 5.4 of this report</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 November 2015</p>	<p>It is recommended that the registered manager undertake a risk assessment and gain consent in regard to the residents on whom the monitoring device may impact.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The assessments were in place and had been agreed by all relevant parties involved in the resident's care.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty –

- Registered manager x1
- Deputy manager (attended for part of the inspection)
- Care staff x 2 -- it should be noted due to the small number of residents accommodated staff undertake mixed duties in this home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The matrix showed that appraisal and supervision for staff was overdue although these were planned for the week of the inspection. The inspector was shown the manager's preparation with individual templates printed for all staff. A phone call was received at RQIA from the deputy manager before the issue of this report to confirm that these planned sessions had taken place.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policies and procedures in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff most recently in 2014. Good practice guidance advises annual updates in regard to safeguarding training.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this had not been reviewed since 2010. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. This training was last provided in 2014. This is not in line with the requirement for annual refresher training. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The registered manager reported that there had been no recent outbreaks of infection. If an outbreak occurred this would be managed in accordance with trust procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated February 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training and drill in August 2015. The deputy manager stated that a fire drill was completed in December 2015 but no records were available for that session. The fire alarm system and means of escape were checked weekly and were regularly maintained.

## Areas for improvement

Two areas of improvement were identified during the inspection. These were in relation to mandatory training for staff and a review of the home's policies and procedures.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff informed the inspector that because there were just five residents in the home and that the staff team had a low turnover they were able to get to know the residents and their families "really well."

The care records reflected multi-professional input into the service users' health and social care needs. Two residents for whom a district nurse provided treatment had additional separate care plans devised and maintained by the nurse. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that actions identified for improvement were incorporated into practice. The registered provider is also the registered manager and so employs a district nurse to undertake monthly monitoring visits of the home in line with regulation 29. This is good practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information and multi-professional team reviews. Formal residents meetings are not organised as the manager and staff spend time each afternoon with the five residents discussing any issues they may have and participating in social activities. Staff shift handovers take place at the end of each shift. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

## Areas for improvement

No areas of improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. There have been some deaths in the home since the previous inspection and staff described the care provided and close working relationships with the GPs involved and the district nurse in providing the care to allow the resident to remain in their home "until the end."

Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected in their use of examples in response to questions by the inspector

Discussion with residents, staff and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home operates an open visiting policy. Some comments made to the inspector are recorded below:

- "I've been here for years and wouldn't move anywhere else"
- "The girls(staff) are very kind to me"
- "The food is good homemade stuff and plenty of it"

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties.



Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

No areas of improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures had not been systematically reviewed every three years or more frequently should changes occur. This has been identified in the safe domain and a recommendation made in the quality improvement plan.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The registered manager, Mairead Brolly is also the registered provider. Discussion with Mrs Brolly identified that she had understanding of her role and responsibilities under the legislation. A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The visit is undertaken by a district nurse not employed in the home. This provides an additional level of quality assurance monitoring. A report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. .

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

## Areas for improvement

No areas of improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mairead Brolly, registered manager/provider as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered provider must ensure that mandatory training is provided for staff in line with requirements.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Fire training completed and all other mandatory training booked. Awaiting trainer to confirm dates.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered provider should review the home's policy manual to ensure that all policies are up to date and include ( where appropriate) reference to any new regional guidance.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Policies and procedures currently being updated</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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