

# Inspection Report

**16 December 2021**



## Bluegate Lodge

**Type of service: Residential (RC)**

**Address: 1 Plantation Road, Garvagh, BT51 5ES**

**Telephone number: 028 2955 7512**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b> Bluegate Lodge  <b>Responsible Individual:</b> Mrs Mairead Bernadette Brolly	<b>Registered Manager:</b> Mrs Mairead Bernadette Brolly  <b>Date registered:</b> 24 August 2010
<b>Person in charge at the time of inspection:</b> Carol Mullan, Senior Care Assistant, 10.30am – 11.00am  Mairead Brolly, 11.00am to end of inspection	<b>Number of registered places:</b> 5  The home is approved to provide care on a day basis only to 3 persons.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 5
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 5 residents. The home is located across one floor. Residents have access to a communal lounge and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 December 2021 from 10.30am to 4.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Staff members were observed to provide care in a compassionate manner and were knowledgeable about the needs of residents.

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

Addressing the areas for improvement outlined in the Quality Improvement Plan (Section 6.0) will further enhance the quality of care and services in Bluegate Lodge.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### 4.0 What people told us about the service

We spoke to five residents and three members of staff during the course of the inspection.

Residents spoke positively about their experience of living in Bluegate Lodge. Residents told us:

- "I like it here... the food is good and staff accommodate my diet...the staff are all nice".
- "I love it here...when my family first brought me here I said 'book me in'...I'm very happy here".

Staff told us that Bluegate Lodge was a good place to work and they felt well supported by the manager. Staff told us:

- "The care here is first class... Mairead goes over and beyond for residents".
- "The care here is fantastic, I love working here, it's homely and friendly".

One questionnaire was returned which confirmed the respondent was satisfied with the care provided in Bluegate Lodge.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 September 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Regulation 21.-(1) (b)</b>  <b>Stated: First time</b>	The registered person shall not employ a person to work at the residential care home unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2.	Met
	<b>Action taken as confirmed during the inspection:</b> No new staff members have been employed in the home since the last care inspection. However, through discussion with the manager and review of the home's recruitment policy there was evidence that this area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref: Standard 20.11</b>  <b>Stated: Second time</b>	The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	Carried forward to the next inspection
	<b>Action taken as confirmed during the inspection:</b> While there was evidence of managerial oversight in the home, a written report was not prepared to help demonstrate how the home was being managed in accordance with minimum standards. This was discussed with the manager who agreed to action this; this is discussed further in Section 5.2.5. This area for improvement has been carried forward and will be reviewed at a future	

	inspection.	
<b>Area for improvement 2</b> <b>Ref: Standard 28.3</b> <b>Stated: First time</b>	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas: <ul style="list-style-type: none"> <li>• Infection control</li> <li>• Control of Substances Hazardous to Health (COSHH)</li> </ul>	Partially Met
	<b>Action taken as confirmed during the inspection:</b>  Staff were observed adhering to Infection Prevention and Control (IPC) procedures including the correct use of Personal Protective Equipment (PPE). However, it was noted that some cleaning and laundry products were not securely stored within a sluice and laundry room.  This area for improvement has been partially met and is stated for a second time.	
<b>Area for improvement 3</b> <b>Ref: Standard 8</b> <b>Stated: First time</b>	Records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others.	Met
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Training included first aid, manual handling, adult safeguarding and fire safety.

Staff spoke positively about the staffing arrangements and told us that “staff members all pull together” and that there was “great team work.” Staff members felt supported in their role and were happy with the level of communication between staff and management.

Systems were in place to ensure staff maintained an up to date registration with the Northern Ireland Social Care Council (NISCC) and this was regularly reviewed by the home manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. However, the duty rota did not include: the capacity in which each staff member worked, the manager's working hours or who was in charge of the home in the manager's absence. An area for improvement was made.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide them with a choice on how they wished to spend their day.

### **5.2.2 Care Delivery and Record Keeping**

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

Examination of records and discussion with the manager confirmed that the risk of falling and falls was well managed. There was evidence of appropriate onward referral, for example, to the GP and/or Health and Social Care Trust (HSCT) named worker. However, it was identified that not all notifiable events were reported to RQIA and this is further referenced in Section 5.2.5.

The dining experience was an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. A review of a care record evidenced appropriate onward referrals to the dietician and GP when necessary.

Care records were well maintained and reflected individual likes and preferences. Care plans contained specific information on each resident's care needs and what or who was important to them. Although care plans were evaluated on a monthly basis, there were aspects of the evaluation template which was incomplete and could be further developed to help ensure a more holistic overview of the care and support provided to each resident. This was discussed with the manager who agreed to action this in going forward; this will be reviewed at a future inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their HSCT care manager or representative. This review typically involves the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### 5.2.3 Management of the Environment and Infection Prevention and Control

A review of the home's environment included bedrooms, bathrooms, store rooms, communal lounges and the dining room. The home was observed to be warm, clean and tidy. Residents' bedrooms were observed to be appropriately furnished and personalised with items that were important to them such as pictures and ornaments. Resident's bedrooms were also clearly named and included specific information and pictures about the resident, for example, a picture of their home town.

Observation of the home's environment identified that the sluice and laundry room were left open and unattended; cleaning and laundry products were accessible in these areas. This was discussed with the manager and an area for improvement has been stated for a second time.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on Infection Prevention and Control measures and the use of PPE had been provided.

Visiting arrangements were managed in line with DoH and IPC guidance.

### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents spoke positively about the care provided in Bluegate Lodge and told us that the staff members were all "very nice".

There was a range of activities provided for residents by staff. A daily record of all activities was maintained. Staff members were seen engaging residents in bowling and Jenga on the day of inspection. Staff members told us that they endeavour to spend one to one time with residents conversing and reminiscing.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Mairead Brolly has been the manager in this home since 24 August 2010.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. The manager spoke to residents on a monthly basis to hear their views about the care provided in Bluegate Lodge and a record was maintained of this.

Staff members were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records evidenced that not all reportable incidents were notified to RQIA. This was discussed with the manager and an area for improvement was made.

Staff commented positively about the manager and told us that she “goes over and beyond” and “will always go out of her way to talk to you”. Staff also stated that they felt comfortable to approach the manager and told us “I can go to Mairead at any time”.

While there was evidence of managerial oversight through the review of governance records there was no written report completed to help demonstrate that the home is being managed in accordance with minimum standards. This was discussed with the manager who agreed to action this. An area for improvement has been carried forward to enable the manager time to implement this.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

\*the total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mairead Brolly, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that all accidents and incidents which occur in the home are reported promptly to RQIA in keeping with Regulation.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All accidents and Incidents will be reported to RQIA promptly in keeping with regulation in future.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis.</p> <p>This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 5.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  There is now monthly documentation to show the monitoring of quality of service within Bluegate Lodge in accordance with the homes written procedures.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> <li>• Control of Substances Hazardous to Health (COSHH)</li> </ul> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  All staff Have up to date mandatory training in COSHH.  A new locking cupboard is being installed to safely keep Laundry and sluice products behind locked doors.  The outer sluice door will now be kept locked</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that the duty rota accurately reflects the capacity in which staff members work, the manager's working hours and the person in charge of the home in the absence of the manager.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The off duty rota will now accurately reflect the capacity in which each staff member works and the person in charge when manager not in the building

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care