

**Unannounced Care Inspection
of
Bluegate Lodge**

20 October 2015

1. Summary of inspection

An unannounced care inspection took place on 20 October 2015 from 10 20 to 14 15. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme inspected were assessed as being fully met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Mrs Mullan (deputy manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Bluegate Lodge	Registered Manager: Mrs M Brolly
Person in charge of the home at the time of inspection: Mrs E Mullan Deputy Manager	Date manager registered: 24 August 2010
Categories of care: RC I, RC DE	Number of registered places: 5
Number of residents accommodated on day of inspection: 5	Weekly tariff at time of inspection: £485

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents/accidents

During the inspection the inspector met with five residents, one care staff, one student on placement and two residents' representatives.

The following records were examined during the inspection:

Policy on death and dying

Policy on continence management

Care files (5)

Statement of purpose

Complaints

Accidents

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 2 June 2015. The completed QIP was returned and approved by the pharmacy inspector (Rachel Lloyd).

5.2 Review of requirements and recommendations from the last care inspection dated 3 February 2015

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.9	The record of activities should be reviewed and amended to include all the details required by this criterion.	Met
	Action taken as confirmed during the inspection: The activity record has been reviewed as recommended	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident had died in the home in recent years. Staff who spoke with us described their role in caring for residents who are ill. Staff demonstrated knowledge of how to care for a seriously ill resident and the importance of hydration/diet and pain relief. Staff also were aware of when the needs of a very ill resident could not be met in the home and of when to contact outside professionals for a re-assessment of need to be undertaken. Staff advised us that they were aware of when to contact the G P and of the importance of keeping families regularly updated.

Is care effective? (Quality of management)

We inspected the home's policy on Death and Dying dated 18 August 2015. This was found to reference the Health and Social Care Boards good practice guidelines. The policy also referenced additional agencies that may have to be contacted in the event of a death. The individual care files of residents contained details of end of life wishes and of the contact details of the person designated to undertake funeral arrangements. The records of a resident who had a terminal diagnosis were inspected. The resident currently remains comparatively well and mobile. The care plan included details completed by the GP on specific medical interventions and the input of a hospice nurse, when this becomes necessary, in relation to the resident's end of life care.

Is care compassionate? (Quality of care)

Staff we interviewed were able to articulate the values that underpin care within the home as they relate to death and dying.

In our discussions with the deputy manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they wish.

After death the resident's room remains untouched until after the funeral. We were informed that relatives are encouraged to remove personal belongings. Staff will undertake this task if the family wish.

In the case of the previous death, the family remained with the resident and were given "free access" to kitchen facilities for tea making etc.

Areas for improvement

There were no areas of improvement identified with the standard inspected. The home is commended for the preparation undertaken in respect of the standard. A file of evidence had been prepared by them in advance. Overall this standard was assessed as being met safely and with effectiveness and compassion.

Number of requirements:	0	Number of recommendations:	0
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

A staff member confirmed that she had had training in continence management as part of her induction training. The staff member was able to demonstrate knowledge and understanding of continence care. Residents who had been assessed as incontinent had a care plan devised with the input of a district nurse. The care plan was reviewed annually or more frequently if any changes occurred. Continence products are disposed of in line with infection control guidelines.

Is care effective? (Quality of management)

The home had a policy entitled Managing Continence dated 8 September 2015. The policy contained information for staff in relation to the possible causes of incontinence and a range of possible interventions. Management undertake a monthly audit of the care plans including continence issues. Records showed that skin integrity is monitored daily for residents assessed as incontinent. We were informed that the district nurse orders continence products initially and this is repeated automatically each month. Staff stated that there is an ample supply of protective gloves and aprons. Hand sanitising products were available throughout the home.

Is care compassionate? (Quality of care)

Bluegate Lodge is a small five bedded residential care home. The care is provided, in the main, by the registered manager, members of her family and a limited number of employed care staff who have been employed in the home for years. In discussion we were informed that staff get to know residents and their families really well. The practice we observed on the day was caring, friendly and respectful. A good rapport was noted with staff on duty, residents and visitors. Staff were aware of the potential loss of dignity and independence associated with incontinence and gave examples of how they ensure that privacy is maintained when dealing with incontinence.

Areas for improvement

There were no areas of improvement identified with the theme inspected. The care in this area is assessed as safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents

We spoke with residents who were relaxing in their bedrooms and the communal areas of the home. Residents told us that they are happy in the home. Residents showed an ease in their surroundings and a good rapport was noted with the staff who cared for them. A selection of comments were –

“They (staff) are great”

“The food is the best you’d get anywhere”

“Staff would do anything for you”

One resident showed us a small incubator containing hens eggs. The resident told us he was “in charge” of the eggs which he was turning daily. The resident was hopeful that at least some would produce chicks. The process of this activity was providing interest and enjoyment to other residents also.

Residents’ satisfaction questionnaires were left for completion. None were returned to the R Q I A in time for inclusion in this report.

5.4.2 Staff

On the day the following staff were on duty

Deputy manager x 1

Care assistant x 1

Student on placement x 1

Catering x1

The deputy manager confirmed that this is sufficient to meet the needs and numbers of residents accommodated.

There are just five residents in the home and staff informed us that they “get to know the residents and their families really well”

5.4.3 Relatives

There were two relatives in the home who agreed to speak with us. Both relatives spoke very positively about the care provided. A selection of comments were –

“My only worry is that my parent would have to move to a nursing home”

“This is just like a family—as you can see I just come in and out of the back door just like it was my Dad’s own house”

“My family member couldn’t get better care anywhere”

Relatives’ satisfaction questionnaires were left for completion. None were returned to the R Q I A in time for inclusion in this report.

5.4.4 Environment

The home was found to be warm, clean and welcoming. The standard of internal décor is very high throughout. Residents’ bedrooms are personalised and en suite. Management had erected a small listening monitor in the hallway. We were informed that this was to alert staff to the needs of one resident should she/he leave the bedroom during the night.

Assurance was given that the monitor is only used during the night time. Nonetheless, this may have an impact on the privacy of the resident and others whose bedrooms are off the same corridor. A risk assessment should be undertaken and consent obtained with the resident, families and care managers of any residents affected.

5.4.6 Fire

A fire risk assessment of the premises in line with HTM 84 was last undertaken in January 2015. Fire alarms are checked weekly. Mrs Mullan confirmed that fire training for staff was up to date.

5.4.7 Complaints

Any complaints were found to have been taken seriously and dealt with as appropriate.

5.4.8 Accidents

All accidents/incidents in the home were recorded, reported and dealt with appropriately.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 6.7 Reference 5.4 of this report Stated: First time To be completed by: 18 November 2015	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.		
	Response by Registered Person(s) detailing the actions taken: A risk assessment has been completed in respect of the listening device posing a potential invasion of privacy. This has been signed and agreed by all residents and representatives. the Care Manager within the trust has been informed..		
Registered Manager completing QIP	Mairead Brolly	Date completed	10/11/15
Registered Person approving QIP	Mairead Brolly	Date approved	10/11/15
RQIA Inspector assessing response	Ruth Greer	Date approved	18/11/15

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