



Unannounced Care Inspection Report 27 August 2019



Bluegate Lodge

Type of Service: Residential Care Home
Address: 1 Plantation Road, Garvagh BT51 5ES
Tel no: 02829557512
Inspectors: Marie-Claire Quinn and Debbie Wylie

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 5 residents in the categories of care listed in Section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Bluegate Lodge Responsible Individual: Mairead Bernadette Brolly	Registered Manager and date registered: Mairead Bernadette Brolly 24 August 2010
Person in charge at the time of inspection: Mairead Bernadette Brolly	Number of registered places: 5 Approved for two named individuals under Dementia (DE) category of care. The home is approved to provide care on a day basis only to 3 persons.
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	Total number of residents in the residential care home on the day of this inspection: 4 residents and 1 day care service user.

4.0 Inspection summary

An unannounced care inspection took place on 27 August 2019 from 10.15 hours to 15.15 hours.

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

Evidence of good practice was found in relation to staffing, fire safety awareness, person centred care planning and delivery, the culture and ethos of the home, working relationships between residents, staff and management and management of complaints.

Areas requiring improvement were identified in relation to infection prevention and control measures and training and monthly monitoring reports.

Residents were very positive about their experiences living in the home.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Bernadette Brolly, registered manager, and Edel Mullan, deputy manager, 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.

4.2 Action/enforcement taken following the most recent inspection dated 12 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 March 2019. No further actions were required to be taken following that inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Two relatives responded to say that they were very satisfied that the 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 complete an electronic questionnaire. No responses were received within the agreed time frame of two weeks.

During the inspection a sample of records was examined which included:

- staff duty rotas from 23 June 2019 to 1 September 2019
- fire safety records
- staff training records
- care records of three residents
- accidents and incidents records from 1 April 2019 to 27 August 2019

- RQIA registration certificate

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 last care inspection dated 12 March 2019

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

There was a relaxed atmosphere in the home throughout the inspection. Staff attended to residents in a calm, timely and attentive manner. No concerns regarding staffing levels were raised by residents or staff. The duty rota reflected the staffing levels on the day of inspection and as outlined by management; however it did not always include the hours worked by the registered manager. This was discussed with management who agreed to address this immediately.

The home was clean, tidy and warm. It was decorated to a good standard, and residents' bedrooms were personalised to their individual needs and preferences. There was no working call bell system in several resident's bedrooms; upon discussion with management and review of care records, it was established that a range of alternative and additional mechanisms were in place. These depended on resident's needs and abilities, and were agreed in conjunction with residents and their representatives.

Staff were aware of their responsibilities under adult safeguarding and whistle blowing. Staff told us:

- "I think the care is very good. I don't feel there is any sign of poor care."

We highlighted areas where the home needed to maintain more robust with Control of Substances Hazardous to Health (COSHH) practices. An area of improvement was made as we noted several areas where the home could improve adherence to effective infection prevention and control (IPC) measures. We also identified that annual mandatory IPC training was overdue and an additional area for improvement was made. This training will incorporate COSHH.

Review of fire safety records was satisfactory. Personal Emergency Evacuation Plans were in place for all residents. The standard of staff's fire safety awareness had been commended by the fire safety assessor in September 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and fire safety awareness.

Areas for improvement

Two areas for improvement were identified in relation to infection prevention and control procedures and training.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents looked well cared for and it was clear that great care had been taken to support residents with maintaining their personal care and appearance. Residents told us:

- “They (staff) are good to me here and I have my own room.”
- “I have a nice room and all the staff are very good to me. I just shout and they come.”
- “I’m being spoilt rotten. Everyone is lovely.”

Residents’ representatives were also very positive about the home:

- “The home is absolute heaven. Staff are unreal, they really accommodate you to help you. I don’t know what we would have done without them.”
- “Great place, very friendly and pleasant.”
- “We are more than delighted with the care our (relative) gets in Blue Gate Lodge. One hundred per cent happy.”

Care records were person centred and holistic. A range of assessments, including fall safety and oral health, was in place. There was clear evidence of close liaison and care planning with multi-agency professionals including district nursing and speech and language therapists. We identified one minor area where the home could improve confidentiality in written records, and this was rectified on the day of inspection.

Residents were provided with a choice of hot or cold drinks throughout the day. Staff supported residents to the dining room for lunch in a calm, unhurried way. The dining room was clean and tidy, although we highlighted some items which needed to be more securely stored and management agreed to address this immediately. Sufficient staff were available to support and encourage residents to eat their meals. Residents confirmed they enjoyed their meal and that they got enough to eat:

- “The food is very good.”
- “I was in another home, but the food was not nice. I love the food here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and delivery.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We saw care being delivered in a way which maintained residents’ dignity and privacy. Staff were kind, cheerful and respectful towards residents. Residents were confident in seeking support from staff as required, and staff responded promptly and efficiently. Visitors were warmly greeted and welcomed into the home which contributed to the family style atmosphere.

The home had received several compliments from residents and their families; thank you cards were displayed throughout the home. Residents’ representatives told us:

- “You know (my relative) is happy as he’ll have a wee smile on his face coming here. Staff have a great touch. They always treat him with dignity. It makes such a difference.”

Care records included residents and their representatives’ views and wishes regarding their care, as well as resident’s social, cultural and religious needs. Care plans outlined how staff can support residents to improve and maintain their self-confidence, independence and dignity. Care plans had been signed by residents and/or their representatives to confirm their consent and agreement to the care and treatment provided in the home. This ethos was reflected in the care we saw being delivered on the day of inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with management and review of care records confirmed that the home was currently operating within their registration and categories of care. Management have maintained close liaison with multi agency professionals to ensure that residents with more complex needs are being fully supported in the home.

There was clear evidence of the close working relationships maintained between residents, staff and management, and management were described as going “above and beyond” to support residents.

The home had not received any complaints since the last inspection. Residents’ representatives confirmed that they would feel able to raise any issues or concerns with staff or management, if they had any. Discussion with management confirmed the home had an open door policy and sought the views of residents and their representatives on a minimum daily basis.

Management operated with a ‘hands on’ and ‘see it and fix it’ approach in the home; for instance, we had noted that one bathroom required repair. The home had already identified this before we had arrived, and arranged for a plumber to complete repairs on the same day. Management were also accepting of and responsive to the improvements required as outlined in Section 6.3.

We did identify how the home could ensure more robust written evidence of managerial oversight and governance by ensuring that monthly monitoring reports are completed. This has been stated as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and management of complaints.

Areas for improvement

One area for improvement was identified in relation the regular completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Bernadette Brolly, registered manager, and Edel Mullan, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 residential care 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.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14.- (2) (c) Stated: First time To be completed by: with immediate affect	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated. This is in relation to IPC procedures in the home.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Infection Control issues highlighted have been dealt with and rectified and discussed with staff</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 27 November 2019	<p>The registered person shall ensure that mandatory staff training requirements are met in relation to IPC training.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: In House Training Carried out immediately- Trust Training to be undertaken 7/11/19</p>
Area for improvement 2 Ref: Standard 20.11 Stated: First time To be completed by: ongoing	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and completes 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: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly Monitoring Reports are now carried out</p>

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



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