



Unannounced Care Inspection Report 29 September 2020



Blair Lodge

Type of Service: Residential Care Home (RCH)
Address: 32 Bryansburn Road, Bangor, BT20 3SB
Tel No: 02891460733
Inspector: Linda Parkes

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 residential care home registered to provide residential care for up to 29 residents.

3.0 Service details

Organisation/Registered Provider: Corriewood Lodge Ltd Responsible Individual: Aisling Byrne	Registered Manager and date registered: Joanne Couston – registration pending
Person in charge at the time of inspection: Joanne Couston	Number of registered places: 29 The home is approved to provide care on a day basis only to 1 person
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 26

4.0 Inspection summary

An unannounced inspection took place on 29 September 2020 from 10.20 to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' records
- governance and management.

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	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Aisling Byrne, responsible individual and Joanne Couston, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- daily cleaning schedule
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints records
- incident and accident records
- three residents' care records
- two residents' monthly weight records

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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 February 2020. No areas for improvement were identified as a result of this inspection.

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences.

Information displayed on the notice board, in the foyer of the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager who addressed the matter immediately. An area for improvement was identified.

It was observed that identified corridors of the home had equipment and furniture stored that could potentially obstruct fire exit routes in the event of an emergency. This was discussed with the manager who addressed the matter immediately and advised that arrangements had been made for the disposal of larger items of furniture.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 21 September to 4 October 2020 evidenced that the planned staffing levels were adhered to. No concerns regarding staffing levels were raised by residents, residents' representatives spoken with or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner. During the day residents were seen to go out for a walk, each with an allocated member of staff, in order to adhere to guidance regarding social distancing. The manager advised that this was an activity that residents enjoyed and looked forward to.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home for staff and were used appropriately. Dispensers containing hand sanitiser were observed to be full and in good working order.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Blair Lodge. We also sought the opinion of residents and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Two relatives spoken with commented:

“I have no problems speaking with Jo (manager). There are no barriers and any concerns are sorted.”

“I’m happy that ... is happy. Nothing is any bother to the staff.”

Cards of thanks were displayed in the home. Some of the comments recorded included:

“We want you all to know how much we appreciate your care and commitment to ... making life as happy as possible.”

We observed the serving of the lunchtime meal in the dining room in Bryansburn unit. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. The menu for the day was appropriately displayed on the notice board.

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of three residents’ care records evidenced that two residents’ records regarding falls management and one resident’s behavioural support plan record were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Two residents’ monthly weight records were reviewed from 19 July to 22 September 2020. Both were well documented.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding infection prevention and control (IPC) practices including hand hygiene and personal protective equipment (PPE) including the donning and doffing of PPE.

Review of records for 29 September 2020 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures. Records were noted to be well documented and the cleaner's store was observed to be locked appropriately.

We reviewed accidents/incidents records from 30 July to 7 September 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. It was noted that appropriate action had been taken and the appropriate bodies had been informed after two residents had sustained a head injury, however, the General Practitioner (GP) for one resident had not been informed. This was discussed with the manager who advised that this was an oversight as it was usual for the home to advise residents' GP's of an accident/incident. An area for improvement was identified.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 10 July to 7 August 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Two staff members spoken with commented:

"I enjoy working here and have no concerns. The pandemic has brought us closer together and the whole house is like one big family. The residents are shining stars."

"I love it here and enjoy the work. All's good and the staff and manager are supportive."

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management and communication between residents and staff.

Areas for improvement

Two areas of improvement were identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated and in relation to notifying the residents' General Practitioner (GP) following the occurrence of an accident/incident.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to infection prevention and control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Correspondence from the manager on 2 November 2020 advised that furniture placed in identified corridors in the home had been discarded on 30 September 2020 and that all information posters on display have been laminated.

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

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aisling Byrne, responsible individual and Joanne Couston, 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 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Immediate action was taken to laminate all notices displayed throughout the home and all further notices will only be displayed once laminated. However we have been unable to obtain any IPC guidance on notices displayed. On the day of the inspection, We asked the inspector to direct us to the guidance, on 08/12/2020 the inspector advised that the guidance was on the RQIA website within the guidance for hospitals of which I have now viewed and actioned. However I feel this should be included within the residential guidance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>The registered person shall ensure that accidents, incidents are reported to relevant bodies, specifically the residents' General Practitioner (GP) in accordance with legislation and procedures and a record is maintained.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: A meeting was held with Team Leaders following the inspection, the procedure for accidents, and incidents was revisited with Team leaders specifically reporting to the residents GP and maintaining a record. Accidents/incidents audits are reviewed by the registered person during the reg 29 visits.</p>

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



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