



The Regulation and
Quality Improvement
Authority

Inspector: Patricia Galbraith
Inspection ID: IN022310

Blair Lodge
RQIA ID: 1581
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**Unannounced Care Inspection
of
Blair Lodge

5 May 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 5 May 2015 from 11.30 to 17.40 Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. 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 DHSPSS 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Rosemary Armstrong	Registered Manager: Helen Armstrong
Person in Charge of the Home at the Time of Inspection: Rosemary Clarke	Date Manager Registered: Acting manager since 24/2/14
Categories of Care: RC-LD, RC-LD(E), RC-MP, RC-MP(E)	Number of Registered Places: 29
Number of Residents Accommodated on Day of Inspection: 28	Weekly Tariff at Time of Inspection: £470 - £2200

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/Process

Specific methods/processes used in this inspection include the following:

During the inspection the inspector met with ten residents, 4 care staff.

We inspected the following records:

- Policy on death and dying
- Policy on continence
- Residents care files (4)

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 12 August 2014.

Review of Requirements and Recommendations from the last Care Inspection

No previous requirements or recommendations were made at this inspection.

5.2 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 health care needs which prevents this. The majority of residents in Blair Lodge are younger people who have complex needs. Risk assessments were in care plans. One resident has been seriously ill and was in hospital on the day of inspection. Their care notes had been revised and implemented to meet their care needs.

In our discussions with staff they described their role in caring for a seriously ill resident and the importance of hydration, diet and pain control. This is especially important for many of the residents who would be unable to verbalise how they were feeling. Staff advised us they were aware when to contact the GP or district nurse. They were also aware of the importance of keeping families regularly updated on the resident's condition.

Is Care Effective? (Quality of Management)

We inspected the home's policy on dealing with dying and death. The policy was robust and gave clear instructions to staff in the events of an expected and an unexpected death of a resident. The policy referenced the input of outside professionals and identified the statutory organisation that needs to be informed when a death occurs in the home. The bedroom of a deceased resident is locked until the family are able to remove any personal belongings.

Is Care Compassionate? (Quality of Care)

In our discussions staff provided examples of how they have cared for a very ill resident who is currently in hospital. We were informed that a staff member had accompanied and stayed with the resident for a period of time. The staff highlighted the importance of sharing their specific knowledge of the resident who would be unable express their views with hospital staff. Staff demonstrated a compassionate approach not only to the resident but to family members.

Relatives can be with residents who are very ill either in the bedroom or an alternative room will be provided. Meals are provided to the relative, tea and coffee facilities are available for them.

Spiritual needs are identified; priests and ministers are welcomed at any time.

Areas for Improvement

There were no areas of improvement identified

Number of Requirements	0	Number Recommendations:	0
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5.3 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We inspected the four care files of those residents who have been assessed as requiring continence management. Each file contained an individualised assessment and a plan of care was in place to manage this need. The care plans reflected the input of the district nurse as central within the process.

Is Care Effective? (Quality of Management)

The home has a policy on the management of continence. The policy was comprehensive and set out for staff how to recognise when and why a resident may become incontinent.

In our discussions with management and staff in the home they were able to identify continence issues, and the importance of continued review and evaluation. Staff confirmed that there was unrestricted availability of continence products and to protective gloves, aprons and hand washing facilities. Staff were aware of the process of disposal of used continence items in line with infection control guidance.

There was no mal odour in any part of the home.

Is Care Compassionate? (Quality of Care)

In our discussions with Staff they recognised the potential loss of dignity associated with incontinence. They provided various examples of how they ensure, as far as possible, the resident's dignity and independence is maintained when assisting with individual continence management. From our observation of care practice we found residents were treated with care and respect when being assisted by staff. Continence care was undertaken in a discreet private manner. There was a good standard of continence management in the home which is person centred, underpinned by informed values which was delivered with compassion.

Areas for Improvement

There were no areas of improvement identified

Number of Requirements	0	Number Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Environment

We inspected the home's internal environment and found it to be clean and fresh smelling. Communal areas were well furnished and, in good decorative order. Each unit is decorated differently giving originality in each area.

Residents' bedrooms are individual and have been personalised to the resident's needs and preferences.

5.4.2 Fire

We were advised that fire training was up to date and records reviewed confirmed this. Fire alarms were checked weekly and from a different zone each time.

At the time of inspection there were no obvious risks observed in the environment.

5.4.3 Complaints

We reviewed the complaints records and noted that they had been appropriately managed.

5.4.4 Staff Views

We met with three members of staff of various grades on duty at time of inspection. All the staff spoke positively to us about their roles and duties, staff morale, team work and managerial support. Staff informed us that they felt a good standard of care was provided and that they had the necessary resources and skills to undertake their role.

Some comments were as follows

“care is excellent and there is good team work”

“I really enjoy working here”

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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Helen Armstrong	Date Completed	03.06.15
Registered Person	Rosemary Armstrong	Date Approved	03.06.15
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	26.06.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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