



Unannounced Care Inspection Report

11 June 2019



Blair Lodge

Type of Service: Residential Care Home
Address: 32 Bryansburn Road, Bangor, BT20 3SB
Tel no: 02891460733
Inspector: Patricia Galbraith

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 29 residents.

3.0 Service details

Organisation/Registered Provider: Corriewood Lodge Ltd Responsible Individual(s): Aisling Bryne	Registered Manager and date registered: Joanne Couston Registration pending
Person in charge at the time of inspection: Joanne Couston	Number of registered places: 29
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	Total number of residents in the residential care home on the day of this inspection: 28

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 08.00 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home last care inspection and 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 training, staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

An area requiring improvement was identified in relation to recording of residents' weights.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with 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.

4.2 Action/enforcement taken following the most recent inspection dated 31 March 2019

No further actions were required to be taken following the most recent inspection on 31 March 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including 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. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- sample of staff duty rotas 3 June 2019 to 16 June 2019.
- staff training schedule and training records
- two staff recruitment and induction records
- competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met

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.

The residents who live in the home said they felt safe and there was always sufficient staff around to help them day or night. The manager and staff on duty confirmed that staffing level was safe and kept under review.

We looked at the duty rota and it accurately reflected all of the staff working in the home; all staff who were to be on duty were present and were carrying out their designated duties. There was enough staff on duty to promptly to answer any requests by residents for assistance.

We reviewed two staff recruitment files and they had relevant information obtained and recorded prior to staff commencing employment.

We were told by staff that they had a good induction when starting the home and felt they were well supported. The manager reported new staff were supervised by senior staff and were supernumerary for a number of weeks. New staff received their full mandatory training before they started their duties.

In discussions with staff they reported they received supervision on a regular basis and when starting their job it had been more frequent. A new member of staff advised she felt very well supported by all staff and had been made feel part of the team from day one. The induction programme was in depth and in records reviewed showed all had been documented and was on going.

The manager and staff reported competency and capability assessments were completed for anyone who was responsible for taking charge of the home in the absence of the manager.

We looked at staff training records to ensure staff had been given core training to do their jobs safely. There was a training matrix in place and it showed staff either had training or a plan in place to ensure staff get the training. The manager reported staff got training every year in core areas and that all staff at least annually. The manager advised they had contacted the local college and they had organised bespoke training for staff which they found to be very good. The college were able to work with the home and provide training at times outside their business hours to work around the home.

We looked at the current policy and procedure pertaining to adult safeguarding and it was in keeping with current regional adult safe guarding guidance. The home had a safe guarding Champion. The manager advised a safeguarding report had been completed.

We spoke with staff and they were knowledgeable of the types of abuse residents may suffer. Staff advised they were aware of the importance of passing on information in a quick and concise manner and to keep accurate records. Staff reported the training had enhanced their confidence in this process.

The manager and staff advised how safeguarding referrals would be made to the trusts who they would contact, what documents needed to be completed and how the home would co-operate and assist with investigations.

Staff also reported they were aware of the home's whistle blowing policy and they were able to advise what they would do if they witnessed poor practice by colleagues or management; staff reported they would have no problem reporting poor practice to ensure safety of all residents.

The manger and staff told us about the arrangements in place to make sure the home was kept clean and free from as far as possible from outbreaks of infection. Staff training records showed staff had received training in infection prevention and control (IPC). When inspecting the home we observed there was wash hand basin sufficient supplies of soap, alcohol hand gels and disposable paper towels and gloves wherever care was delivered.

In discussion with staff they reported they always had enough materials and products to ensure they could carry out their job. When necessary we observed staff adhering to IPC procedures.

The manager advised there had been no outbreaks in the home since the last care inspection.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home are looked at to identify if there are any patterns or trends occurring. Following this an action plan was put in place to address any deficits.

The home was clean, tidy and was kept warm. The home has separate units and some residents like to sit in the entrance hall as they reported the view is nice and they are able to see what is going on outside. A resident reported “I love sitting here and can see staff.” Other residents like to spend time in their own room and this is also accommodated.

We looked round a sample of bedrooms and found they were individualised and residents had their own personal belongings in their rooms. Residents could spend time in their room and if they wanted their meals in their room they could have this organised. The manager advised that they had an ongoing refurbishment plan in place and a number of residents’ rooms had been redecorated since the last inspection, the residents had picked the colour scheme for their room. The kitchen areas in some of the units had been replaced and new dining furniture had been purchased. There was a lounge area in each unit for watching television, and carrying out activities. All fire exits were free from obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The manager and staff confirmed there was a handover meeting at the beginning of each shift, staff reported they were able to discuss and review the ongoing needs of individual care of residents. We could see through observation that residents were getting appropriate care.

In discussion with residents they reported “I love the staff.” “I love here, I am happy.”

The manager and staff described how a comprehensive assessment and admission process was completed for residents being admitted to the home. When risks are identified and assessed, a detailed plan is put in place to meet individual care needs to reduce risks.

The manager ensured an over view was kept, by using audits, and by speaking with staff and residents. The manager and staff reported there were good working relationships with between the multi-disciplinary team and staff in the home.

The care records for residents were kept securely to ensure confidentiality. The care records were written in a professional manner and had language which was respectful of residents. Three care records reviewed evidenced multidisciplinary working and collaboration with professionals such as general practitioner, dieticians and speech and language therapists (SALT). The care records evidenced that staff communicated with residents' family members or representatives and had a range of risk assessments in place to help plan individual care needs.

A family member on the day of inspection reported "The staff keep me up to date about my relative's care, they always phone if they need to and they tell us immediately if there is any change."

It was noted that residents' whose weights needed to be recorded had been omitted on some occasions. This was identified as an area of improvement.

We also saw the evidence that a care review was completed with the resident, their family, care staff and staff from the Trust each year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified during the inspection in relation to residents' weights.

	Regulations	Standards
Total number of areas for improvement	0	1

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 arrived at the home at 09.00 hours and were met by staff who offered us assistance. Some residents were in their rooms and some residents had gone out to day services.

The atmosphere in the home was warm and welcoming and respectful for the time of day as some residents were still sleeping. The interaction between residents and staff was positive, residents were conversing. Residents appeared content and interacting openly with staff who were attentive to residents' individual needs and responded promptly to call bells.

We could see that residents' wishes, interests and preferences were reflected in care records for example there was information on what activities each resident liked to do and residents' daily routines were recorded.

Staff told us about the range of activities available and how the staff worked to ensure each resident could have access to meaningful pastimes, crafts or outings. On the day of the inspection the residents were listening to music, one resident had been out for a walk. Residents had been out on a trip to the local cinema, and they had visited a farm.

Residents said they enjoyed the activities provided. Residents’ stated: “I love it here, I love my home.” “We always get to do stuff.” “I like it here.”

A relative spoken to stated “the staff are amazing here they keep us up to date and the residents are spoil. As a family we have no worries and know the care is good.”

The serving of the midday meal was observed. The dining area was bright and airy and the atmosphere was jovial and conversations were taking place with residents. Residents who required assistance were given this in a respectful manner. The tables were set and personal place mats were in place to meet with SALT requirements. Staff advised that place mats were stored in a locked cupboard after meal times to ensure confidentiality was maintained. Residents were given a choice and the presentation of food was good. Individual portion sizes were taken into account. The cook advised that he is kept informed of any changes to residents’ dietary needs and the menu had been revised for summer season.

We spoke with staff about how residents were given the opportunity to discuss any issues and to make suggestions about how they live their lives in the home. Staff advised residents were consulted on an individual basis about their day to day living and preferences were accommodated as far as possible. Staff and residents reported that the manager was always available to speak to with residents or family members.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified 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.

The manager is the person responsible for the day to day running of the home, and was knowledgeable of his role with regards to regulations and notifying RQIA of events.

The manager ensures robust systems are in place to ensure the safe practice of the home and does this by completing a range of monthly audits. Areas for audits include staff practices with hand washing, accidents and incidents, care records and the cleanliness of the home. Where deficits are found a plan of action is put in place to ensure improvement.

Staff in the home reported that they had good support from their manager who was supportive approachable and fair and gave constructive feedback to them. The manager reported that the staff team were flexible, committed, dedicated, reliable and always had the best interests of each individual resident.

We saw the current fire safety risk assessment was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was under taken by a company holding a professional body registration or fire risk assessors.

A complaints procedure was displayed in the home and provided advice on how to make a complaint. The records reviewed showed that all complaints had been dealt with and the outcome recorded. The manager then discussed complaints with staff and used the information to improve the service.

The monthly monitoring reports were reviewed and had been completed to meet with regulations they showed where areas had been identified for improvement and when tasks were completed.

The manager also shared compliments received from residents and their families to ensure staff were given positive feedback in their deliverance of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 9.2 Stated: First time To be completed by: 11 July 2019	The registered person shall ensure residents' weights are taken and recorded. Ref: 6.4 Response by registered person detailing the actions taken: The registered person will ensure that residents' weights are taken and recorded as required.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care