



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Blair Lodge ID 1581  
**Date of Inspection:** 12 August 2014  
**Inspector's Name:** Ruth Greer and Alice McTavish  
**Inspection No:** IN017752

**The Regulation And Quality Improvement Authority  
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## 1.0 General information

<b>Name of home:</b>	Blair Lodge
<b>Address:</b>	32 Bryansburn Road Bangor BT20 3SB
<b>Telephone number:</b>	028 9146 0733
<b>Email address:</b>	helen.armstrong@armstrongcareservices.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Armstrong Care Services Mrs Rosemary Armstrong
<b>Registered Manager:</b>	Mrs H Armstrong (Acting)
<b>Person in charge of the home at the time of inspection:</b>	Mrs R Armstrong Mrs H Armstrong (persons in control)
<b>Categories of care:</b>	RC-LD, RC-LD(E), RC-MP, RC-MP(E)
<b>Number of registered places:</b>	29
<b>Number of residents accommodated on day of Inspection:</b>	27
<b>Scale of charges (per week):</b>	Various rates as agreed by the Trust and depending on individual residents assessed needs.
<b>Date and type of previous inspection:</b>	5 December 2013
<b>Date and time of inspection:</b>	12 August 2014
<b>Name of Inspector:</b>	Ruth Greer

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

#### 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- analysis of pre-inspection information;
- discussions with the registered provider;
- examination of records;
- observation of care delivery and care practice;
- discussions with staff;
- consultation with residents individually and with others in groups;
- inspection of the premises; and
- evaluation of findings and feedback.

#### 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	4
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	15

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to residents' behaviour**  
**Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.**
- **Standard 13 - Programme of activities and events**  
**The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of service

Blair Lodge Residential Care home is situated Bangor, Co. Down. Blair lodge is a purpose built modern home designed in line with the Banford report recognising the benefits of small family units. Currently the day room is being extended to provide a larger internal space as well as a dedicated therapeutic room available for all.

The home is registered to provide residential care and accommodation for 29 persons in single rooms with an en-suite facility shared with no more than one other resident. Accommodation is provided in semi-independent units with their own lounge, dining area and kitchenette and bedrooms. Five to six residents live in each unit and the units are located on both the ground and first floors. Access to the first floor is via passenger lift and stairs. There are many communal areas where residents can meet and socialise. Furniture and internal decoration are of the highest standards.

A day room is available where organised daily day care is provided as many of the residents do not receive day care at outside facilities. This room is currently being extended and will incorporate a safe outdoor space. The overall impression of Blair Lodge is that it is bright, airy and welcoming.

The residential home is owned and operated by Mrs Rosemary Armstrong. Mrs Helen Armstrong is Acting Registered Manager. Mrs Rosemary Armstrong and Mrs Helen Armstrong were present as was Mrs Rosemary Clarke, Social Care Consultant.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

### **Residential care**

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

### **Day care**

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of one resident.

## **8.0 Summary of Inspection**

This primary announced care inspection of Blair Lodge Residential Home was undertaken by Ruth Greer and Alice McTavish on 8 August 2014 between the hours of 10.00 – 16.45. Mrs Rosemary Armstrong and Mrs Helen Armstrong were available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, in June 2014 Mrs Helen Armstrong completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Helen Armstrong in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

### **Inspection findings**

#### **Standard 10 - Responding to residents' behaviour.**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents' assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The person in charge was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Blair Lodge was compliant with this standard.



## **Standard 13 - Programme of activities and events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs a full time day care co-ordinator. Other staff members are available to provide residents activities in the evenings and at weekends. Staff members have received training in activity provision which is to be commended. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate and comprehensive records were maintained. The evidence gathered through the inspection process concluded that Blair Lodge is compliant with this standard.

### **Resident, representatives, staff and visiting professional's consultation**

During the course of the inspection the inspector met with residents and staff; no representatives or visiting professionals were present during inspection. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a very high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspectors would like to thank the residents, registered providers and staff for their assistance and co-operation throughout the inspection process.

**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 December 2013.**

No previous requirements or recommendations have been made.

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Policy in place on restrictive practice and responding to behaviours All staff are inducted fully into each unit by staff with knowledge of the residents. The team leaders are fully aware of all the residents needs and visit the units regularly during the shift supervising staff in the delivery of care and act as a resource for staff to call on. The care cards are given out at each handover and provide a summary of key points that guide staff on the required care needs there is a specific section on behaviour for those residents that have specific needs. In the event of MAPA being used this is reported to RQIA and the care management team the next working day	Compliant
<b>Inspection Findings:</b>	
The home had a policy and procedure in place (Restrictive Practice Policy) dated June 2014. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. An additional policy relating to the management of incidents detailed that RQIA must be notified on each occasion restraint is used.  Blair Lodge employs a specialist care co-ordinator who provides staff education and development in respect of behaviours. Blair Lodge also commissions the services of an external Behaviours Advisor as and when required. Blair Lodge staff maintains a good working relationships with both Belfast and South Eastern Health and Social Care Trust Behaviour Support Teams.  A review of staff training records identified that all care staff have received up to date training in behaviours which challenge and that a human rights approach was integrated throughout the training.	Compliant

A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. There was clear evidence that, where residents attended day care outside of Blair Lodge, there was an established means of communication between both facilities to update on current issues, behaviours and events so that continuity of care can be maintained.

Staff who met with the inspectors demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that staff members believe they are very well supported in managing behaviours which challenge.

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	
<p><b>Provider's Self-Assessment</b></p> <p>Staff are asked to report to the Team leaders in charge of the shift any changes in behaviour or any concerns. Physical cause is always considered with behaviour changes as well as any environmental changes. Staff are aware that many residents find changes in routine difficult and hence are proactive in supporting residents with activities when the residents are on holiday from work.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The policy and procedure document, 'Restrictive Practice Policy' June 2014 included the following:</p> <ul style="list-style-type: none"> <li>• identifying uncharacteristic behaviour which causes concern;</li> <li>• recording of this behaviour in residents care records;</li> <li>• action to be taken to identify the possible cause(s) and further action to be taken as necessary;</li> <li>• reporting to senior staff, the trust, relatives. Reporting to RQIA was contained in an accompanying document; and</li> <li>• agreed and recorded response(s) to be made by staff.</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that representatives and relevant professionals had been informed appropriately.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff are fully briefed on communication tools and incentive programmes and are monitored closely to ensure that they are followed. The residents with behaviour programmes and incentive programmes in place have them all agreed with care managers and where appropriate the family / NOK.	Compliant
<b>Inspection Findings:</b>	
A review of two care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All behaviour management programmes are agreed in partnership with the care managers and where appropriate the behaviour teams. There have been some delays in gaining behaviour support due to limited staffing within the behaviour teams, however we have remained proactive and worked closely with care managers and psychiatrists to ensure safe and appropriate programmes are implemented and maintained.	Compliant
<b>Inspection Findings:</b>	
<p>A review of Restrictive Practice policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of two behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme detailed identifying triggers for challenging behaviours, proactive strategies to manage behaviours which challenge, what to do if/when behaviours escalate, consideration of whether medications should be administered and how to support residents when they are calm formed a part of the resident's care plan and there was evidence that care plans were kept under frequent review.</p>	Compliant



<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
Staff following successful probation are then supported to attend the 3 day MAPA training. This training ensures that they have the skills in de escalation and behaviour management as well as if required hands on intervention. Any new behaviour programmes implemented for a specific residents are gone through in detail with staff working in those units to ensure clarity. The 2 most challenging units are staffed by at least one staff member each shift who regularly works in that unit to ensure consistency.	Compliant
<b>Inspection Findings:</b>	
A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> <li>• Mapa training which was up to date; and</li> <li>• Training in regard to the home's categories of care, for example, autism awareness.</li> </ul> Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme/s in place.	Compliant

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>Internal incident forms are recorded for any incident and these are reviewed daily (mon-fri) by the Registered Manager and where appropriate are then sent to the care manager for intervention. In any significant incidents then the Registered Manager would call the care manager and discuss the incident to ensure a prompt response and agree an interim plan. At weekends the Registered Person or on call Director contact the home at least twice a day to ensure all is well and the Team Leader is asked to advise on any incidents incase a more urgent intervention is required than waiting until the Monday. If this was the case the on call social worker would be contacted</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>A review of the accident and incident records and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider’s Self-Assessment</b> Policy in place for restrictive practice. Hot debrief in place post incidents and fed back to Registered manager to address any learning Staff are trained in MAPA and this is only used as a last resort. Records are kept of all incidents of restraint and care managers and RQIA are sent copies the next working day.	Compliant
<b>Inspection Findings:</b> Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.  A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the resident’s representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident’s care plan.  A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.  The environmental layout of Blair Lodge is that each semi-independent unit is accessed by a keypad and/or proximity card which does not allow residents free access throughout all areas of the building. This arrangement is in place in accordance with the multi-disciplinary team’s risk assessment of individual residents and in agreement with family / representatives.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Policy in place. The home has a comprehensive activity programme in place. This is both within a day care environment for those that stay in Blair Lodge as well as evening and weekend activities. The activities are varied and take into account the range of abilities and ages within the home. The residents are asked which activities they would like as part of a regular residents meeting and focus groups in day care. In addition at the quarterly families meeting, families are asked to contribute ideas for activities they felt residents would enjoy. Staff focus group in January 14 provided an opportunity for staff to suggest activities. Some residents access external day care both from full time mon - fri to part time, day specific.	Compliant
<b>Inspection Findings:</b>	
The home had a policy dated March 2014 on the provision of activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with three residents and three staff members and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The programme is very varied and considers all aspects. Often there is more than one activity available to ensure that different abilities can benefit, and choice is available. Healthy living is a key component and this is delivered by regular physical activities, eg, Sam salsa, Disco as well as walks out in the country side. We have used table top crafts to develop healthy eating posters to assist the residents in making good choices; this has been particularly useful for 2 diabetic residents. The local tourist information is accessed regularly to enable us to identify local community activities that the residents can benefit from. Some residents access the community social clubs (Gateway, Spread and Sycamore) regularly. This enables them to access outside activities with other local people from the community. We have a monthly communion within Blair lodge that is offered to all. Records are kept of all the activities and these are used to evaluate the benefits for residents and assists in future planning	Compliant
<b>Inspection Findings:</b> Examination of the programme of activities identified that social activities are organised on a daily basis and included evening and weekend activities both within Blair Lodge and in the wider community.  The programme included activities which were age and culturally appropriate and reflected residents' needs and references. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with a wide range of enjoyable and meaningful activities on a regular basis.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	
<b>Provider’s Self-Assessment</b>	
All residents are asked to contribute ideas for the programme. This includes small groups or 1:1 activities within their units or out on local shopping trips. We have a list of suggested activities in each unit for staff to offer residents who remain in the units or their own room. Activity records are maintained for these activities also.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in her room, identified that residents were given opportunities, through monthly group discussions, to put forward suggestions for inclusion in the programme of activities.  Residents and their representatives were also invited to express their views on activities by means of relatives meetings, one to one discussions with staff and care management review meetings. A review of records showed there was clear evidence of family involvement in planning activities.	Compliant

<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>The main planner is displayed in the main hall which details the evening and weekend activities in both the written word and symbols where available for the current month. It is viewed frequently by residents, staff, families and visitors.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>On the day of the inspection the programme of activities was on display in the main entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives. A further programme detailing daily planned activities was displayed within the day care room.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs and included large print and pictures.</p>	<p>Compliant</p>



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
All residents are supported to access as many activities as possible, staff provide the appropriate support and this can be seen in the activities photo collection where staff for example are supporting a wheelchair dependent resident play skittles. The homes transport does have some limitations for access, but these families have motorbility vechicles and are encouraged to bring their resident to events outside the home so that they can join in. The majority of activities and equipment provided is funded directly by the home, The planner details any specific activities where payment from the resident is required. eg Mary's art class.	Compliant
<b>Inspection Findings:</b>	
<p>The home employs a dedicated full time day care coordinator who devises a programme of structured and diverse activities. The day care coordinator is supported by a number of care staff in delivering the day care programme.</p> <p>The day care coordinator and residents confirmed that there was a plentiful supply of activity equipment available. This equipment included arts and craft equipment, board and floor games, resources for outings, seasonal events and festive occasions.</p> <p>It was noted that training had been provided for staff in activity provision and this is commended.</p> <p>The costs of providing activities are financed almost entirely by Blair Lodge with support from The Friends of Blair Lodge, also from a small comfort fund with monies raised by staff and also through the residents using their personal monies.</p>	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities within the home are flexible to respond to the varying levels of concentration that our residents have. Some residents enjoy watching from a distance others join in fully, all is supported. Residents who do not wish to join in are offered alternatives within their units or for walks outside etc	Compliant
<b>Inspection Findings:</b>	
The day care coordinator, care staff and person in charge confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
External activity providers are assessed by the Registered Person who reviews the activity on offer and the suitability for the residents. Initially it is trialled to ensure that the residents are able to benefit. Once an activity is established at least one staff member remains in the day-care area where the activity takes place supporting the residents and responding to any care needs while the external person leads the activity. Examples of these are Mary's art class, Holy communion and Jonny the music man	Compliant
<b>Inspection Findings:</b>	
The person in charge confirmed that some people are contracted to provide art, music and pastoral support. The person in charge confirmed that she had obtained evidence from these people that they had the necessary skills and knowledge to deliver the activity.	Compliant

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The Team leader will meet the external activity leader on arrival and ask them to sign in to the visitor's book. They will then brief them on the residents attending and the staff member joining them. This will include any concerns that may have been raised. At the end of the activity the Team Leader will seek verbal feedback from both the external activity leader and the staff member. Any concerns will then be fed to the Registered Person and / or Manager	Compliant
<b>Inspection Findings:</b> The person in charge confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
<b>Provider's Self-Assessment</b>	
A file is maintained of all activities which include the activity, person leading it, residents who participated as well as those that declined. The final section asks for feedback on the activity and this is used to evaluate if the activity will be undertaken again or if any modifications are needed. Day care keep individual records for each resident who attends the internal day-care	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>Blair Lodge has produced a short DVD which shows residents enjoying a wide range of planned and spontaneous activities. Blair Lodge has a policy in place which includes the use of digital camera equipment. There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>The planner is reviewed monthly and new activities included which are identified from residents and staff. The structure offered by the regular Monday to Thursday evening activities is well received and assists residents in knowing which day of the week it is dependent on the activity.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it is reviewed on a monthly basis.</p> <p>The registered manager, the day care coordinator and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspectors met with three residents individually and with others in groups. Residents were observed participating in day care activities in the day room whilst others were relaxing in a communal lounge within an independent unit. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I love it here."

"I like playing football. I get to play football all the time"

### **11.2 Relatives/representative consultation**

No relatives were present during inspection.

### **11.3 Staff consultation/Questionnaires**

The inspectors spoke with three staff of different grades and 15 staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"I think there is enough staff (to provide activities) – if I thought there wasn't enough staff (to take residents out on trips), I wouldn't go."

### **11.4 Visiting professionals' consultation**

There were no visiting professionals in Blair Lodge during inspection.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## 11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## 11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The person in charge confirmed that lessons learnt from investigations were acted upon.



## **11.8 Environment**

The inspectors viewed the home accompanied by Mrs Rosemary Armstrong and Mrs Helen Armstrong and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspectors examined the home's most recent fire safety risk assessment dated September 2013. It was confirmed with the registered provider that the next fire safety risk assessment is arranged for 18 September 2014.

The review identified that there were no recommendations made as a result of this assessment.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Rosemary Armstrong. Mrs Armstrong confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The findings of this inspection were discussed with Mrs Rosemary Armstrong and Mrs Helen Armstrong as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the primary announced inspection of Blair Lodge which was undertaken on 12 August 2014 and I agree with the content of the report.

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

The section "Profile of services" does not currently reflect accurately the home, ie we are not a large home with extensions.

Please can we ask that it is changed to the following:

Blair lodge is a purpose built modern home designed in line with the Banford report recognising the benefits of small family units. Currently the day room is being extended to provide a larger internal space as well as a dedicated therapeutic room available for all. The home has several small garden areas accessed by each small family unit as well as a larger garden that is also being developed into a multi sensory, all year facility.

Gillian Best Registered Mnaager was on maternity leave at the time of the inspection.

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Helen Armstrong
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Rosemary Armstrong

<b>Approved by:</b>	<b>Date</b>
Ruth Greer	13 10 14