



Unannounced Follow Up Care Inspection Report 17 May 2018



Blair Lodge

Type of Service: Residential Care Home
Address: 32 Bryansburn Road, Bangor, BT20 3SB
Tel No: 028 9146 0733
Inspector: Alice McTavish

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with twenty nine beds that provides care for adults who have a learning disability or who experience mental ill health.

3.0 Service details

Organisation/Registered Provider: Corriewood Lodge Ltd Responsible Individual: Aisling Byrne	Registered Manager: Joanne Couston
Person in charge at the time of inspection: Jan Clarke, team leader, until 08.00 Rebecca Burgess-Stewart, assistant manager, from 08.00 Joanne Couston, manager, after 09.00	Date manager registered: Acting – No Application Required
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 registered places: 29

4.0 Inspection summary

An unannounced inspection took place on 17 May 2018 from 07.15 to 16.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

RQIA received written information from an anonymous source in relation to a range of issues. The issues included:

- Staff duty rota
- Staffing levels and management of staff shortages
- Management of staff sickness
- Rates of pay for care staff
- Management arrangements for catering, laundry and maintenance
- Arrangements for the payment of suppliers of food and provisions to the home
- Inaccuracies in RQIA certificate on display in the home
- Limited involvement by the Responsible Individual for the home
- The home's environment
- Recruitment practices relating to the position of the assistant manager
- Management of the home's transport for residents
- Arrangements for obtaining toiletries for residents
- Presentation of residents
- Delivery of fire training for staff
- Policies and procedures

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing arrangements
- Management arrangements for catering, laundry and maintenance
- Arrangements for the payment of suppliers of food and provisions to the home
- The home's environment
- Presentation of residents
- Management of transport for residents
- Arrangements for obtaining toiletries for residents
- Delivery of fire training for staff
- Policies and procedures

Residents were largely unable to verbally communicate their views regarding the care provided in the home. Residents, however, seemed to be comfortable and relaxed in their surroundings; where residents presented with behaviours which challenged, these were managed appropriately and professionally by staff. Residents' representatives said that they were happy with the care provided to their relatives, that staff were approachable and that staff kept them well informed about the care provided to their relatives.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Aisling Byrne, Responsible Individual and Jo Couston, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 18 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the report of the previous care inspection and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with two residents and observed all other residents who were leaving and returning from day opportunities or who stayed in the home. The inspector met with four care staff, two residents' representatives, the manager, the assistant manager, the Responsible Individual, the maintenance officer, an administrator, a chef and the facilities manager.

The following records were examined during the inspection:

- Staff duty rota
- RQIA certificate on display in the home
- Documentation relating to the management of transport for residents
- Documentation relating to the arrangements for obtaining toiletries for residents
- Policies and procedures
- Reports of visits by registered provider under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005
- Fire safety 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 the most recent inspection dated 18 January 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

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

6.3 Inspection findings

Involvement by the Responsible Individual for the home

The responsible individual for the home was present on the day of inspection. All staff who spoke with the inspector advised that the Responsible Individual was in the home daily during the working week and was very involved in the day to day running of the home.

In discussion with the Responsible Individual it was evident that she was familiar not only with the members of the staff team, but also with the care needs of individual residents. She spoke knowledgeably about the challenges of introducing changes for improvement and those changes planned to further develop the service.

Inspection of the reports of visits by registered provider identified that these were completed monthly. The reports examined all operational areas including the home's environment, staffing arrangements and the management of staff sickness.

A member of administrative staff who spoke with the inspector advised that the new owners of the home were committed to improving the home's environment and that 'no expense was spared'. The Responsible Individual was described as being 'very proactive in supporting staff development and training'. Care staff who spoke with the inspector commented positively about the refurbishment of the building, the changes in the catering arrangements and the increase in activities available to residents through better staffing. Staff were able to describe how these factors had improved outcomes for individual residents.

A resident's representative advised the inspector that families of residents were aware of the change of ownership of the home. Whilst the representative knew the Responsible Individual by sight and had been briefly introduced, the representative reported that the plans for the home had not been shared with residents' representatives by the new owners. Representatives' meetings were occasionally held prior to the new ownership of the home but these were attended only by a small number of residents' families. The resident's representative also advised that while she was familiar with many staff, she was sometimes unsure of which staff members were on duty in each unit.

The Responsible Individual later advised the inspector that meetings for residents' representatives were planned and that families would be provided with more up to date information about the changes which had been implemented and those which were planned. Advice was provided to the Responsible Individual and the manager regarding how representatives could be better kept abreast of changes in the home, perhaps by producing a regular newsletter, and of staff members on duty in the home through the use of the notice board in the reception hall.

RQIA certificate on display in the home

It was noted that whilst the RQIA certificate on display in the home was the most up to date version supplied by RQIA, the details on the certificate were inaccurate. This was later brought to the attention of RQIA's registration team and the correct certificate was issued.

Staffing arrangements

Inspection of the staff duty rota established that it accurately reflected the staff working in the home. The manager advised that the duty rota was planned several weeks in advance and shared with staff so that any shifts not filled could be offered to permanent staff.

The inspector was present during the morning and afternoon staff handover meetings and observed how this was managed. Information was placed on the whiteboard in the staff office detailing who was in charge and who on duty for the shift in each unit. All staff coming on shift received a detailed handover from the person in charge of the previous shift and there was comprehensive information passed to staff regarding individual residents.

The home used some agency staff. The manager advised that the same agency staff were used in order that residents were familiar with staff and that continuity of care for residents was provided. The Responsible Individual advised that there was regular and ongoing recruitment of care staff and that the selection process was rigorous. In spite of this, newly recruited staff often found that, regardless of the preparation and training they received, they were unsuited to the demands of working with people who have behaviours which challenge.

Care staff who spoke with the inspector advised that management did everything possible to support and guide new staff. Where care staff provided short notice of absence, agency staff were usually available to cover shifts. On the rare occasion when there was a deficit in staffing and alternative arrangements could not be made at short notice, there was an on-call system used in the home and the manager and assistant manager worked additional hours. Staff advised that this was effective and was appreciated by the staff team.

The Responsible Individual and the manager advised that the organisation had a policy and procedure for the management of staff sickness and that they adhered to this closely. The use of agency staff had recently reduced, largely as a consequence of the more robust sickness management arrangements. Care staff who spoke with the inspector confirmed that staffing levels had increased since the home had come under new ownership and that staff were aware of how staff sickness was now managed. A resident's representative reported that there was recently a noticeable increase in staffing levels.

Examination of the reports of visits by the registered provider under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 confirmed that both staff recruitment and the management of staff sickness was well documented. The reports also noted reductions in use of agency staff and staff sickness.

The Responsible Individual and the manager advised that there had been two increases in the rates of staff pay since the home had come under new ownership. One had been as a result in the increase in the living wage and the other was in response to a request by the staff team. The latter increase was applied to all staff and all staff of the same grade received the same rate of pay.

Management arrangements for catering, laundry and maintenance

The Responsible Person and the manager advised that kitchen, laundry and maintenance staff were largely unchanged and that an additional chef was now employed. The new owners of the home had brought with them a facilities manager who oversaw these areas in order that the manager could devote time to managing the care provided to residents. This arrangement was reported to be working well and there was good communication between the Responsible Individual, the manager and the facilities manager.

Staff who spoke with the inspector consistently reported that the quality of catering and food had improved and that there were no issues with laundry or maintenance arrangements.

Arrangements for the payment of suppliers of food and provisions to the home

Inspection of the catering kitchen established that it was well equipped and very clean. There was a plentiful supply of fresh, frozen and chilled foods and there was a good stock of store cupboard items and ingredients.

The chef advised the inspector that the catering arrangements had improved since the change of ownership of the home. Local producers and suppliers of meat, fish and vegetables were now used instead of delivery from a large supermarket, thus ensuring that ingredients were fresh and better value for money.

The chef advised that there was now a generous catering budget which supported a wider variety of options for residents. The chef was in regular contact with suppliers and no issues had arisen regarding the payment for goods supplied to the home.

The Responsible Individual, the manager and the facilities manager all advised that there had been no issues regarding the payments made to catering suppliers.

The home's environment

Staff also reported that there was an ongoing programme of maintenance of the building and that residents' bedrooms were currently in the process of being refurbished.

Inspection of the home identified that the communal areas were clean, tidy and well decorated. A number of residents' bedrooms had been redecorated and several were in the process of being redecorated. One resident reported to the inspector that she had chosen the new colour for the paint and soft furnishings for her room and was looking forward to having the work completed. In another bedroom, a bespoke mural, which incorporated the elements which the resident liked, had been painted on a wall. All bedrooms contained photographs, memorabilia and personal items of the individual resident.

Presentation of residents

The inspector was present when residents were leaving the home to avail of day opportunities and activities and when they returned later in the day. The inspector also observed the residents who remained in the building during the day. Residents were observed to be well presented, appropriately attired and presented in clean clothing. No concerns were raised by staff or residents' representatives regarding the quality of care provided in the home. Residents' representatives and staff described the care in the home to be very good or excellent.

Management of transport for residents

Management and care staff reported that several vehicles are available for the use of residents. One vehicle had not been available for a short period. This was because the vehicle road tax had expired and, due to unforeseen circumstances, there had been a delay of eight days in renewing the tax. In order to avert the vehicle being unavailable for a further period, essential servicing and maintenance work was carried out at this time. The facilities manager advised that arrangements had since been put in place to allow administrative staff in the home to attend to taxation of vehicles in future, thus avoiding delays. This was confirmed within internal correspondence which was provided to the inspector.

Arrangements for obtaining toiletries for residents

Management, care staff and the home's administrator described the arrangements for obtaining toiletries for residents. It was noted at the morning shift handover that care staff were requested to let the assistant manager know what toiletries were needed for each resident. Care staff who spoke with the inspector advised that obtaining toiletries was not problematic; a monthly order was made to a local pharmacy who delivered the necessary items packaged individually for each resident. Receipts were provided by the pharmacy and retained in the office.

Two residents' representatives advised the inspector that they were satisfied with the arrangements in place for the provision of toiletries for their relatives.

Delivery of fire training for staff

Inspection of fire safety records established that all equipment and services were regularly tested and well maintained. The home's health and safety representative advised that the information contained within fire training provided by the new owners had differed slightly from that previously provided to staff. This was recognised by the home's management and appropriate adjustments had since been made to ensure consistency.

Policies and procedures

It was noted that some of the home's policies and procedures reflected the name of the former registered provider. This was acknowledged by the Responsible Individual who advised that the policies and procedures in place were in keeping with those of the organisation; as policies and procedures were updated, the new corporate details would be present in documentation.

Conclusion

The majority of the issues raised by the anonymous source were unsubstantiated throughout this inspection. Where the information received by RQIA was found to be accurate, reasonable accounts and satisfactory assurances were provided by the Responsible Individual and management staff in the home.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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