

Inspection Report

26 July 2021



Blair Lodge

Type of service: Residential Care Home
Address: 32 Bryansburn Road, Bangor, BT20 3SB
Telephone number: 028 9146 0733

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Corriewood Lodge Ltd Registered Individual Ms Aisling Byrne	Registered Manager: Mrs Joanne Couston Date registered: 9 October 2020
Person in charge at the time of inspection: Mrs Joanne Couston – Registered Manager	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.	Number of residents accommodated in the residential care home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 29 residents. The home is divided in six units over two floors. The ground floor contains Oakland's, Brookvale and Eastleigh units. The second floor contains Montague, Bryansburn and Byfleet units.	

2.0 Inspection summary

An unannounced inspection took place on 26 July 2021 from 09.30am to 6.00pm by a care inspector

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

All areas for improvement from the last care inspection were reviewed and assessed as met.

The home was clean and tidy. Residents' bedrooms were found to be clean, warm and well decorated with personal items, which had meaning for the residents.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area requiring improvement was identified in relation to fire exit routes.

RQIA were assured that the delivery of care and service provided in Blair Lodge was safe, effective, compassionate and that the home was well led. Addressing the area for improvement will further enhance the quality of care and services in Blair Lodge.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Joanne Couston, Manager and Aisling Byrne, Responsible Individual at the conclusion of the inspection

4.0 What people told us about the service

Four residents, one relative and five staff were spoken with. Residents commented positively regarding their experience of living in the home. One resident spoke of how the staff were "good to them", and how the food was "very good". Another resident commented on how often they visited their relative.

Staff spoke of how they enjoyed working in Blair Lodge. They commented on the quality of the training provided and that the manager was approachable and always there to provide support. Staff also said that the number of staff on duty was satisfactory. One staff member spoke positively about the structured induction program for new staff. Staff said staff morale was good.

One relative said she “could not fault the care” and on how she was always kept up to date about her loved ones care and how good the staff were. She also spoke on how there are effective visiting arrangements in place and how she was enabled to speak with her loved one regularly by telephone.

No comments were received from staff via the online survey. No questionnaires were received from residents or relatives.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 September 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 8 Stated: First time	The registered person shall ensure that accidents, incidents are reported to relevant bodies, specifically the residents’ General Practitioner (GP) in accordance with legislation and procedures and a record is maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff spoke of the range of training available and how this supported them to do their job.

There was an induction program in place for new staff. Staff spoken with confirmed this and said they felt supported by other staff.

Staff said there was good team work, good staff morale and that they felt well supported in their role. Staff were also satisfied with the number of staff on duty and the level of communication between them and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff spoke of how the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. Lunch was observed being served in the Bryansburn and Montague units. Residents were enjoying their meal and their dining experience. Staff demonstrated their knowledge of resident's preferences and wishes regarding

food and drinks and the meal appeared to be a pleasant and an unhurried experience for the residents. One staff member was commended for how they supported a resident during the meal in the Montague Unit.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care. Where appropriate; there was referral to healthcare professionals such as General Practitioners (GPs) and dieticians.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained; there was a good use of natural light. Resident's bedrooms were personalised with items that were important to them and reflected their life experiences.

One of the ground floor fire escape doors was found to be obstructed with two armchairs. This was brought to the manager's attention who arranged for the area to be cleared immediately. However, to ensure fire exit routes are maintained clear of storage/clutter an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Temperature checks and contact tracing were in place for any visitors to the home. The home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

The manager spoke of ongoing refurbishment work, the planned painting of two lounges and a recent new bathroom and kitchen installation. There was a waste bin in a staff toilet that was rusty. This was discussed with the manager and it was replaced promptly.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

There was plenty of PPE available throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents could spend time in their bedroom, or use the communal spaces provided in each unit. One resident described how he enjoyed going out. Another resident was going out for the day with their family. Residents who were able and willing would complete small tasks such as cleaning their room or putting their own laundry away. Residents said they enjoyed these activities and took pride in completing them.

Residents participated in regular meetings which provided an opportunity for residents to comment on aspects of the running of the home. The last meeting was on the 18 June 2021.

As stated previously staff ensured they offered choices to residents throughout the day which included preferences for food and drink options, and where and how they wished to spend their time. For example, five residents and staff went for a walk along the local coast and a picnic was taken along for lunch.

Residents' social needs were met through a range of individual and group activities, such as music nights, arts and crafts, bus outings and movie nights.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls and visiting arrangements were in place in accordance with regional guidance.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Couston has been the manager in this home since October 2020.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. There was also a number of thank you cards from residents/relatives/staff which reflected good practice in the home.

Staff commented positively about the manager and the management team and described the manager as approachable and able to support them "at all times". One staff member commented "the manager will always deal with any issue".

The home was visited each month by the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents spoke positively of their lived experience in the home. Residents in the home were afforded choice. The delivery of care in the home was both caring and compassionate. Staff spoke of the positive relationships with management.

As a result of this inspection one area for improvement was identified in respect of fire safety. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and the service was well led by the manager/management team. Addressing the area for improvement identified will further enhance this.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Couston, Manager, and Aisling Byrne, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all fire exits are maintained free from obstruction at all times.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person will ensure that all fire exits are maintained free from obstruction at all times. This will be checked on a daily basis by maintenance person and audited monthly by the manager. Audits will be reviewed during registered person's visits.</p>

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