



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 30 January 2019



## 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](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 29 beds that provides care for adults who have a learning disability or who experience mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Corriewood Lodge Ltd  <b>Responsible Individual:</b> Aisling Byrne	<b>Registered Manager:</b> Joanne Couston
<b>Person in charge at the time of inspection:</b> Joanne Couston	<b>Date manager registered:</b> Joanne Couston – application not yet submitted
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 29  The home is approved to provide care on a day basis only to 1 person

### 4.0 Inspection summary

An unannounced care inspection took place on 30 January 2019 from 10.05 to 18.45.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought 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 the home's environment, care records, the delivery of bespoke support to residents and to the promotion of good working relations.

An area requiring improvement was identified. This related to the reporting of instances of individual restraint to RQIA.

Residents who met with the inspector were able to indicate that they were happy living in the home but they were unable to provide detailed comment. Residents seemed to be comfortable and relaxed in the home. Residents' representatives said spoke positively about the care provided in Blair Lodge and paid compliment to management and staff for the attention provided to residents and families.

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
<b>Total number of areas for improvement</b>	1	0

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.

## 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 17 May 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 previous inspection report, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, assistant manager and briefly with the responsible individual, two care staff, the cook, maintenance person and the organisation's facilities manager. The inspector also met with five residents and three residents' representatives.

A total of ten questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule
- Three staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Audits of risk accidents and incidents, complaints, environment, Infection Prevention and Control (IPC)
- Equipment maintenance records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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 inspections dated 17 May 2018

The most recent inspections of the home were an unannounced care inspection and an unannounced medicines management inspection which were completed on the same day.

### 6.2 Review of areas for improvement from the last care and medicines management inspections dated 17 May 2018

There were no areas for improvements made as a result of the last care and medicines management inspections.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager advised that the staffing levels for the home were adequate and subject to regular review to ensure the assessed needs of the residents were met. The use of agency staff was kept to a minimum and efforts were made to use the same agency staff for continuity of care.

No concerns were raised regarding staffing levels during discussion with residents' representatives and staff. Staff described how the on-call arrangement used in the home was effective in ensuring that the home was well staffed and how senior managers were also available to work with residents, although this was rarely necessary. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

All staff were found to have been recruited in line with current legislation, Access NI checks had been completed and staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager advised that no adult safeguarding issues had arisen since the last care inspection. The manager remained aware that all suspected, alleged or actual incidents of abuse must be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained.

A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission. Residents were only accommodated if their needs could be safely met.

The manager advised there were some restrictive practices within the home, notably the use of some locked doors with keypad or fob entry systems. Lap belts on specialist seating and bed rails were used for a small number of residents and there were locked cupboards and fridges in some areas. One to one supervision was used for a small number of residents. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. A review of care documentation established that there was appropriate liaison with trusts in relation to behaviour management.

The manager was aware that when individual restraint was employed, RQIA and appropriate persons/bodies must be informed. A review of notifications to RQIA of accidents and incidents established, however, that one event (which was reported to the trust) was not reported to RQIA. Action was required to ensure compliance with the regulations in this regard.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. IPC compliance audits were undertaken and action plans developed to address any deficits noted.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

There was a programme of refurbishment under way which included repainting of bedrooms and communal areas and replacement of seating, window dressings and soft furnishings. The manager advised that residents and their representatives were consulted about their choices of paint colours and furnishings for bedrooms.

The manager indicated that changes were being made to the internal layout of the home which would result in a reduction of beds by one. The inspector advised the manager of the necessity to apply for a variation before work commences.

The internal and external environment was kept tidy, safe, suitable for and accessible to residents, staff and visitors.

The home had an up to date fire risk assessment in place dated 6 September 2018 and no recommendations had been made.

A review of staff training records confirmed that staff completed fire safety training twice annually. A review of fire safety records were also found to be up to date.

Residents' representatives spoken with during the inspection made the following comments:

- "There is always lots of staff around and they are all very supportive. They know what (our relative) needs and how to care for her."
- "There is good staffing in the home and the staff know what they are doing."

Staff spoken with during the inspection made the following comments:

- "There is generally good staffing during the week and there can be agency staff used at the weekends. There's also an on-call system for evenings and weekends to make sure that the staffing levels are always kept at a safe level. We get good staff training and good support from management. All new staff get a good induction and get to shadow care staff for two weeks before they take up their own duties. We get regular supervision and an annual appraisal. I recently had my appraisal and I came away feeling very good about my ability to do my job well and I felt really valued."



- “Now that our staffing is much better, I have noticed that residents are much calmer and have fewer episodes of behaviours which challenge or distressed reactions.”
- “I find the staffing levels are good and we staff get very good support from management. This, in turn, helps us to deliver good, safe care to residents. I have noticed that having a member of staff who works with one of our residents on a one to one basis has really helped as the staff member provides a consistent presence and knows the resident and their needs very well.”

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection. This related to the reporting of instances of individual restraint to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.5 Is care effective?

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

The manager explained how staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. epilepsy management plans, best interest pathways, moving and handling, falls/mobility, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The cook described how a varied and nutritious diet was provided in order to meet the individual dietary needs and preferences of the residents. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and



recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that staff were able to recognise and respond to any pressure area damage on resident's skin. The manager described how referrals were made to the multi-professional team to address any areas of concern identified in a timely manner, also how community nursing services provided pressure relieving equipment.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents, the home's environment, catering and food safety were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Staff reported that they had received training in Makaton, a system of communication which uses signs and symbols. Minutes of staff meetings were reviewed during the inspection.

The manager described how a quarterly newsletter was now produced giving information on events and activities in the home. The manager reported that residents' representatives had provided positive feedback about this initiative.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports and the resident newsletter were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents' representatives spoken with during the inspection made the following comments:

- "(Our relative) is extremely well looked after. Staff make sure that we are kept informed of any changes in her health or care. Recently (our relative) became unwell and had to go to hospital. A member of staff went with her in the ambulance and stayed with her. Another staff member came and accompanied her back home in the ambulance. We were very grateful for their support."

Staff spoken with during the inspection made the following comments:

- "Management has made an arrangement for an additional member of staff to be used to take residents to medical appointments. The staff member makes sure that medical professionals are given the most accurate information from the home and that information from the professionals is relayed back to the home, recorded and shared with residents'

families and staff. This provides continuity of information for the benefit of residents. The same member of staff makes routine checks of residents' belongings and lets families know if any clothing or possessions need to be replaced. These are then labelled and recorded by the staff member. The same person also arranges birthday celebrations, outings and other special event for our residents, for example, she made sure that everyone had gifts bought for them at Christmas and that they were wrapped and given out at by Santa and Mrs Claus on Christmas Day. Because this member of staff is not counted in the care staff numbers, this allows care staff to concentrate on providing direct care."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other interested parties.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

The manager assured the inspector that a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents was widely promoted in the home.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff confirmed that action was taken to manage any pain, discomfort or anxiety in a timely and appropriate manner. A review of care records established that care plans were in place for the identification and management of pain, anxiety or distress, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, menus were displayed in a pictorial format and care plans were provided in an easy read version.

Discussion with staff, residents' representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents' representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Relatives made the following comments:

- "I'm very happy with the care given to (my relative). The staff pay great attention to detail, nothing is too much bother to them and they let me know if there are any changes or if they have any worries about (my relative). The staff have a great relationship with (my relative) and with our family – they are like family to us."
- "(My relative) has been here for a long time and the staff of Blair Lodge and the other residents are like family to her. They have made it a home for her. I couldn't praise the staff highly enough for their thoughtfulness, kindness and their attention, they are wonderful. They provide (my relative) with love."

Staff also added:

- "Our organisation has a shared box at the Odyssey Arena and, as there is full disability access and we have our own transport, it has become possible for our residents to go to concerts and other events. They have been to see Disney on Ice and Walking with Dinosaurs. There is no shortage of staff who are keen to go along to support residents. This has been a great benefit to the range of activities available."
- "There are so many activities arranged for our residents. They get so much stimulation and I believe their quality of life is much improved."

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 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 outlined the management arrangements and governance systems in place within the home and described how the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager advised that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

The manager advised that no complaints had been received since the last care inspection. Should complaints be more frequently received, an audit would be used to identify trends, drive quality improvement and to enhance service provision. This area will be reviewed in detail during future care inspections.

A review of accidents, incidents and notifiable events established that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager advised that the registered provider was present in the home daily during the working week and was familiar with all aspects of the running of the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Residents' representatives spoken with during the inspection made the following comments:

- "I have absolutely no complaints whatsoever, but I know I can go to any of the staff or to the managers and they will deal with it."
- "We haven't had any complaints or issues but we can go to any of the staff at any time and they will deal with it. They will do everything to make sure that (our relative) gets the very best of care. I couldn't be happier with the care in Blair Lodge!"

Staff spoken with during the inspection made the following comments:

- "I find management to be extremely supportive. Their door is always open and they listen to our issues, concerns or ideas and act on them. I am very happy to be working in a place that supports its staff so well."
- "The staff team is very supportive towards each other, both between colleagues and management. I am very happy working here and I feel that I am making a contribution to the lives of the residents and that I am valued."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2019</p>	<p>The registered person shall ensure that when individual restraint is employed this is reported to RQIA.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Registered Manager has ensured that any individual restraint employed will be reported to RQIA. The registered person will include this in her monthly audit.</p>
--	---

*\*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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)