

# Inspection Report

31 January 2023 & 7 February 2023



## Blair Lodge

**Type of Service: Residential Care Home**

**Address: 32 Bryansburn Road,  
Bangor, BT20 3SB**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Corriewood Lodge Ltd  <b>Responsible Individual:</b> Ms Aisling Byrne	<b>Registered Manager:</b> Mrs Joanne Couston  <b>Date registered:</b> 09/10/2020
<b>Person in charge at the time of inspection:</b> Mrs Joanne Couston – Registered Manager	<b>Number of registered places:</b> 29
<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 residents accommodated in the residential care home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b> 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 31 January 2023, from 09.30 am to 16.30 pm by a care inspector, and on 7 February 2023 from 11.00am to 3.30pm by a finance inspector.

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

The home was clean and tidy. Staff members were attentive to the residents needs and carried out their work in a compassionate manner.

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

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

With regards to finance, adequate controls surrounding residents' finances were in place. At the time of the inspection a review of the procedures for recording transactions undertaken on behalf of residents was taking place. This included the areas identified within Section 5.2.6 of this report. A revised system is expected to be implemented by 24 February 2023. These procedures will be reviewed at the next RQIA inspection.

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. .

No new areas for improvement were identified as a result of this inspection.

### **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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 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.

In relation to finance a sample of residents' financial records was reviewed which included; records of transactions, records of residents' financial arrangements and personal property. Controls surrounding the management of residents' monies and property were also reviewed.

### **4.0 What people told us about the service**

Seven staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

Residents unable to clearly verbally express their thoughts, indicated positivity through body language or non-verbal communication, such as smiling or giving the thumbs up.

One relative and two visiting professionals were spoken with.

One relative said, "This place is the best, I have no concerns."

A visiting professional spoke of how, "The care in the home is good and staff are responsive to any recommendations that are made."

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 26 July 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time	The registered person shall ensure that all fire exits are maintained free from obstruction at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff 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 told us that there was enough staff on duty to meet the needs of the residents.

### **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.

The daily menu board was not on display in the home. Since inspection, RQIA have received assurance that this has been addressed. This will be reviewed at a subsequent inspection.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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 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 and the details of care plans were shared with residents' relatives, if this was appropriate.

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.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. 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.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished; and comfortable.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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.

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. 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**

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

Residents participated in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

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

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Joanne Couston has been the Manager in this home since 19 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.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A relative spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

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 incident 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 a system in place to manage complaints.

Staff commented positively about the manager, and described her as supportive, approachable and always available for guidance.



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 are available for review by residents, their representatives, the Trust and RQIA.

### 5.2.6 Findings from finance inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of residents' monies held at the home showed that the records were up to date at the time of the inspection. Discussion with staff confirmed that no valuables were held on behalf of residents at the time of the inspection.

A bank account was in place to retain residents' personal monies. A review of a sample of statements from the bank account evidenced that the account did not retain any monies relating to the running of the home. A sample of records of withdrawals from the bank account was reviewed; the amounts withdrawn reflected the amounts lodged at the home on behalf of residents.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a weekly basis. Reconciliations of the bank account were undertaken on a monthly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliations and countersigned by a senior member of staff.

Discussions with the manager confirmed that no member of staff was an appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

Two residents' finance files were reviewed. Written agreements were retained within both files. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. Both agreements were signed by the resident, or their representative, and a representative from the home.

Review of records and discussions with staff confirmed that no resident was paying a contribution towards their weekly fee; all fees were paid by the Health and Social Care Trusts.

A sample of records of monies deposited at the home on behalf of residents evidenced that receipts were not always provided to the person depositing the monies. The manager provided assurance during the inspection that the home's policy for issuing receipts for monies received on behalf of residents would be strengthened with staff. This procedure will be reviewed at the next RQIA inspection.

Discussion with staff and a review of records confirmed that some residents' monies were held in a separate secured location. This was to facilitate transactions on behalf of residents outside of normal office hours. Records of the transactions made after office hours were subsequently forwarded to the main office in order for residents' records to be updated.



A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records. Receipts from the purchases reviewed were available for inspection. In line with good practice a sample of signatures of staff authorised to make transactions on behalf of residents was retained at the home.

It was noticed that a number of entries had been written over with no explanation for the adjustment. The original entry recorded could not be established. This practice was contrary to the home's policies and procedures which stated that errors should be crossed out with an explanation for the error. The manager provided assurance during the inspection that this policy would be strengthened with staff. This procedure will be reviewed at the next RQIA inspection.

Considerable time was taken to reconcile the records of transactions undertaken after office hours with the records held in the main office. Discussion with the manager confirmed that the current system for recording transactions was being reviewed with the intention of implementing a new system. The manager advised that the review should be completed by 24 February 2023. The new system would aid the audit process. This system will be reviewed at the next RQIA inspection.

A sample of records of payments to the podiatrist was reviewed. These records were up to date at the time of the inspection. It was noticed that although two members of staff had signed the records, the podiatrist had not signed the records to confirm that the treatments had taken place. The manager provided assurance that this issue would be addressed and the podiatrist would be asked to sign the records for future treatments. This will be reviewed at the next RQIA inspection.

A sample of records of training provided to staff for managing residents' finances was reviewed. The records were signed by the members of staff receiving the training. It was noticed that the training records advised staff to only retain receipts from purchases which were over a specified amount. Discussion with the manager confirmed that receipts were obtained from all purchases (where possible) and where it is not possible to obtain a receipt then records are annotated to reflect this. The manager provided assurance during the inspection that the training records would be amended to reflect that receipts should be obtained from all purchases. The home's policies and procedures would also be amended to reflect this. The training records and policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that a vehicle, owned by the home, was available for residents to undertake journeys. The miles undertaken for the journeys were recorded and subsequently invoiced to the residents at an agreed rate per mile. The total cost of the journey was divided evenly among the residents undertaking the journey. The driver signed the records to confirm the journeys. A sample of transport invoices raised for two residents was reviewed; the miles invoiced to the residents reflected the information recorded within the home's transport records.

A sample of two residents' files evidenced that property records were in place for both residents. It was noticed that the full details of the items were not recorded, for example, the make and model of television owned by the residents. There was no recorded evidence to show that the personal possessions were checked at least quarterly. The manager advised that new templates for recording residents' possessions were in the process of being implemented. This will be reviewed at the next RQIA inspection.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were reviewed at least every three years. The manager advised that the financial policies and procedures regarding residents' finances were being reviewed as part of the new procedures to be implemented by 24 February 2023. The revised policies will be reviewed at the next RQIA inspection.

No finance related areas for improvement were identified during the inspection.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Joanne Couston, Manager, as part of the inspection process and can be found in the main body of the report.

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