

Inspection Report

16 January 2023



The Gate Lodge

Type of Service: Residential Care Home
Address: 3 Station Road, Castlewellan, BT31 9NF
Tel no: 028 4377 8230

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 Private Clinic Limited	Registered Manager: Mrs Teresa Josephine McClean
Registered Person/s OR Responsible Individual Mrs Maria Therese McGrady	Date registered: 19 September 2006
Person in charge at the time of inspection: Mrs Teresa Josephine McClean	Number of registered places: 4
Categories of care: Residential Care (RC) 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: 1
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 four residents. The home is a bungalow and residents have access to a kitchen, dining and lounge areas. The home is set in the grounds of woodland and an extensive garden.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2023 from 9.30am to 3.00pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The resident was well presented in their appearance and spoke positively when describing their experience on living in the home. Comments received from both the resident and staff member are included in the main body of this report.

It was evident that care was provided in a caring and compassionate manner promoting the independence of the resident. There was a good working relationship between staff and management.

The inspection concluded with no areas for improvement identified. RQIA was assured that the delivery of care and service provided in The Gate Lodge was safe, effective and compassionate and that the home was well led.

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 the resident 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we consulted with the resident, the staff member on duty and the registered manager. It was clear through this consultation that the resident was happy living in the home and well supported by staff to make their own choices throughout the day. The staff member told us that they enjoyed working in the home and engaging with the resident.

There were no responses received from the resident/relatives' questionnaires or from the online staff survey.

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 1 & 6 July 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time	The registered person shall maintain in the home the records relating to all persons employed at the home, as specified in Schedule 4, paragraph 6.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 29 (4) Stated: First time	The person carrying out the monthly monitoring visit shall ensure the deficits outlined in the report above are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	A full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	Care plans regarding resident's mental health needs includes sufficient detail on the management of any identified risks and any strategies or programmes to manage specified behaviours.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 34.4 Stated: First time	Adequate and appropriate clinical waste disposal arrangements must be in place at all times to ensure the safe disposal of used Personal Protective Equipment (PPE). Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff members were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post. Newly employed staff had protected time in which to complete an induction where they would work alongside a more senior member of staff to become more familiar with the home's policies and procedures. Regular checks were made to ensure that care staff maintained their registrations with the Northern Ireland Social Care Council.

There were systems in place to ensure staff were trained and supported to do their job. Training records evidenced that all regular and covering staff were up to date with mandatory training requirements. A training need analysis had been conducted with all staff to identify if any additional training was required. For example, on managing distressed reactions or on managing behaviours which challenge. Staff received regular training in a range of topics such as adult safeguarding, infection prevention and control (IPC), resident moving and handling and fire safety. Training had been provided electronically and face to face.

The staff member confirmed that staff were further supported through supervision and appraisal processes. A system was in place to ensure that staff received, at minimum, two recorded supervisions and an appraisal on a yearly basis. Staff meetings had taken place during April, July and December 2022 to consult with staff on a range of relevant issues in regard to the running of the home.

Additional staff had been planned to work in the home to facilitate planned admissions. The staff member confirmed that they were happy that the current resident's needs was met by the one staff member allocated to work in the home. Cover arrangements were in place should the staff member need to leave the home for any reason.

The duty rota recorded all staff who worked in the home over every 24 hour period. Discussion with the resident and observation of working practices identified no concerns in relation to the staffing arrangements.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the resident. The staff member was knowledgeable of the resident's needs, their daily routine, wishes and preferences.

The resident spoke highly on the care that they received and confirmed that they enjoyed living in the home. It was clear through interactions between the staff member and the resident that they knew one another well and were comfortable in each other's company.

The resident's 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 the resident's needs and these were reviewed regularly to ensure that they were maintained up to date. The care plans focused on the resident's social aspects of life and captured their wishes and preferences. Daily progress records on how the resident spent their day were recorded.

Copies of the menu identifying meal choices were available for review in the home. The resident confirmed that they had a choice of meal at mealtimes; the food served in the home was hot and that they enjoyed the food. The resident told us that they also enjoyed going to local restaurants for meals. Mealtimes and nutrition had been audited by the home's management team to ensure that residents were adequately catered for.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The home was free of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Redecoration and improvement works were in progress to facilitate planned admissions to the home.

The resident's bedroom was personalised with items important to them. Bedrooms and communal areas were suitably furnished.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. There was good compliance noted with best practice on infection prevention and control during the inspection. All visitors to the home were required to wear face coverings.

Environmental audits had been completed regularly and action plans had been developed where any deficits were observed. Additional bathroom and bin audits had been completed and evidenced a review of action plans where these had been identified.

5.2.4 Quality of Life for Residents

The resident was well presented in their appearance and told us that they liked living in the home. It was clear that staff focused their day around the resident's needs and preferences.

The resident described the things that they enjoyed doing. These included shopping trips into Castlewellan and Newry or days out in Newcastle. They enjoyed trips to the cinema; out for walks to various destinations or out for meals to restaurants of choice.

In the home they liked to play different games, read magazines or watch television. The resident also told us that they enjoyed assisting in household tasks such as helping with the dishes, brushing up, making beds, dusting and assisting with the laundry. Staff supported the resident with their decisions.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no changes to the management arrangements. Mrs Teresa McClean has been the registered manager of the home since 19 September 2006. Discussion with the manager and the staff member confirmed that there were good working relationships between staff and the home's management team. The staff member told us that they found the manager to be 'approachable' and 'would listen to any staffs' concerns'.

In the manager's absence, the staff member on duty would take charge of the home. Prior to taking charge of the home, a competency and capability assessment for the person in charge would be completed with the staff member by the manager. In order to support the person in charge a reference file had been created and located within the home for staff to review when required. The file contained important information such as the manager on call rota, important phone numbers and copies of corporate documents which required completion for a variety of reasons.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Areas audited included care records, finance, medicines management, staff training and staff registration monitoring. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to residents' next of kin, their care manager and to RQIA if applicable.

Staff provided the manager with a weekly management report to include any accidents/incidents, notifiable events, staffing issues, an overview of the resident/s and any contact meetings with other healthcare professionals.

A complaint's file was maintained to detail the nature of any complaints and the corresponding actions made in response to any complaints. No complaints had been registered during 2022. Cards and records of compliments received were maintained and shared with staff.

Staff told us they were confident about reporting any concerns about residents' safety. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

Reports of the Provider's monthly monitoring visits were available for review and included consultations with staff and residents and a record of the areas reviewed during the visit.

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 Teresa McClean, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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