

# Inspection Report

8 May 2024



## Bluegate Lodge

Type of service: Residential Care Home  
Address: 1 Plantation Road, Garvagh, BT51 5ES  
Telephone number: 028 2955 7512

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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> Bluegate Lodge	<b>Registered Manager:</b> Mrs Mairead Bernadette Brolly
<b>Responsible Individual:</b> Mrs Mairead Bernadette Brolly	<b>Date registered:</b> 24 August 2010
<b>Person in charge at the time of inspection:</b> Mrs Mairead Bernadette Brolly	<b>Number of registered places:</b> 5  The home is approved to provide care on a day basis only to three persons.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4 residents and 3 day care service users.
<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 five residents. The home is located across one floor. Residents have access to a communal lounge and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 May 2024 from 10.00 am to 4.30 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Three new areas for improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP) in section 6.

## 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, and 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.

A poster was provided detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow residents and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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

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

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

Residents spoke positively about the care that they received and commented positively on the food and their interactions with staff.

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, staffing, teamwork, morale and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management to allow residents, relatives, visitors and staff, unable to meet with the inspector, the opportunity to provide feedback on the home. One questionnaire was returned from a relative indicating that they were satisfied with the care and services provided in Bluegate Lodge. There was no feedback received from the staff online survey within the allocated timeframe.

## 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 6 <sup>th</sup> July 2023		
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 20 Schedule 2 (20) (b)  <b>Stated:</b> First time	The registered person shall ensure an Access NI check is obtained prior to staff commencing employment.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b>  Please see section 5.2.1 for further detail.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure that a competency and capability assessment for any member of staff with the responsibility of being in charge in the absence of the manager is available for inspection 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.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that staff complete dysphagia training, in line with their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  There was evidence that this area for improvement was met.	

<p><b>Area for improvement</b> 2</p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff complete training in relation to Deprivation of Liberty Safeguards, in line with their roles and responsibilities.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement</b> 3</p> <p><b>Ref:</b> Standard 26</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a policy is developed and implemented to ensure:</p> <ul style="list-style-type: none"> <li>• The scope of activity and responsibilities of each volunteer is specified in writing.</li> <li>• Volunteers have an Access NI check carried out before participating in a volunteering role</li> <li>• Records are maintained to evidence the hours of service and the range of work undertaken.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement</b> 4</p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff have recorded individual, formal supervision sessions at least twice per year.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>	<p><b>Met</b></p>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The previous inspection had identified an area for improvement pertaining to Access N.I. checks. Discussion with the manager and review of a sample of recruitment records, evidenced that an Access N.I. check was not consistently obtained prior to staff commencing employment and review of records, further evidenced that not all of the relevant recruitment checks had been completed in a timely manner. This was discussed with the manager for immediate review and action as appropriate. The area for improvement identified at the previous care inspection pertaining to Access N.I. checks was not met and is stated for a second time, and a new area for improvement has been stated, to ensure all relevant recruitment checks are obtained prior to a staff member commencing employment.

Staff confirmed they were provided with an induction programme to support them in the tasks associated with their role and duties. The manager confirmed there were systems in place to ensure staff were trained and supported to do their job, however, a review of records evidenced some gaps in training, for example, infection control training. This was discussed with the manager who informed us that training dates were booked for staff to attend. Given this assurance, an area for improvement was not identified at this time, however, this will be reviewed at a future inspection.

A system was in place to ensure all relevant staff were either registered or in the process of registering with the Northern Ireland Social Care Council (NISCC).

The duty rota identified the staff working in the home over a 24-hour period, and identified the person in charge when the manager was not on duty.

Observations confirmed that residents' needs were met by the staff on duty. Residents told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Discussion with the manager confirmed that residents' needs were assessed at the time of their admission to the home. A review of records evidenced that care plans had been developed, however, care plans for two residents were not available. This was discussed with the manager for immediate review and action as appropriate. Following the inspection, the manager confirmed that care plans were in place for the identified residents; an area for improvement was identified.

Further review of care records and observation of the daily routine identified that the needs of one resident appeared not to be consistent with the homes registered categories of care. This was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable.

There was evidence throughout the home of homely touches such as snacks and drinks being made available throughout the day.

Corridors and fire exits were observed to be free of obstruction.

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were retained.

### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day.

There was a range of activities provided for residents by staff, and it was observed that staff ensured a social atmosphere in communal areas with music playing on the television. Residents were seen participating in activity ball skills; and residents reported that they enjoyed the activity.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm. Staff recognised the importance of maintaining good communication with families and visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Mairead Brolly has been the Manager in this home since 24 August 2010.

Staff members 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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

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 safeguarding champion for the home.

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 a system in place to manage complaints.

The home was visited each month by the registered provider 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 and were available for review by residents, their representatives, the Trust and RQIA.

### 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 (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	1

\*the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mairead Brolly, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 Schedule 2 (20) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection (8 May 2024)	<p>The registered person shall ensure an Access NI check is obtained prior to staff commencing employment.</p> <p>Ref: 5.1 and 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Access NI Check will now be processed and completed before any person takes up post in Bluegate Lodge</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (8 May 2024)	<p>The registered person shall not employ a person to work at the registered premises unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Requirment folders updated. All new starts will have information and documents specfied in place prior to commencement of employment.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15 (1) (e)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (8 May 2024)	<p>The registered person shall ensure that at all times, admissions to the home are in accordance with the categories and conditions of care for which the home is registered with RQIA.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Admissions to the home will now be in accordance with the categories and conditions of care for which the home is registered with RQIA.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2 & 6.6  <b>Stated:</b> First time	<p>The registered person shall ensure that each resident has an individual, personalised and up to date care plan.</p> <p>Ref: 5.2.2</p>

<b>To be completed by:</b> From date of inspection (8 May 2024)	<b>Response by registered person detailing the actions taken:</b> Each resident has an individual, personalised and up to date care plan in place. On going care plan review in place.
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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