



# Unannounced Care Inspection Report 6 February 2020



## Newcroft Lodge

**Type of Service: Residential Care Home**  
**Address: 126 Church Road, Hollywood BT18 9BY**  
**Tel No: 02890424614**  
**Inspector: Debbie Wylie**

[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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 32 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Seamus McGoran	<b>Registered Manager and date registered:</b> Samuel David McMahon 1 April 2005
<b>Person in charge at the time of inspection:</b> Angie Taylor acting manager	<b>Number of registered places:</b> 32 Plus three places for day service
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 6 February from 09.45 hours to 16.00 hours. This inspection was undertaken by the 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.

Evidence of good practice was found in relation to the culture and ethos of the home, activities, the dining experience, training and staffing.

Areas requiring improvement were identified including infection prevention and control, care records, governance audits, reporting of notifiable events and monthly monitoring reports

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Angie Taylor, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 21 July 2019

No further actions were required to be taken following the most recent inspection on 21 July 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 26 January to 14 February 2020
- staff training records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits
- a sample of staff competency and capability records
- accident/incident records from 21 July 2019 to 5 February 2020
- monthly monitoring reports from July to December 2019
- RQIA registration certificate

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 last care inspection dated 21 July 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The manager confirmed the planned staffing levels were met on the day of the inspection and that they met the needs of residents. Discussion with staff also evidenced that staffing levels were achieved. A review of the staffing rota from 26 January to 14 February 2020 confirmed this. The manager advised us that the home was working within its registered categories of care. The staff rota did not show us the hours worked by the manager of the home and did not show the role in which staff were working in the home. An area for improvement was made.

Staff and residents were seen to be relaxed in each other's company and to chat about plans for the day. Staff told us they were satisfied that they had sufficient time to care for the residents. We saw that staff attended to residents' requests for assistance in a caring manner.

Staff told us they received regular training to ensure they had the skills to provide care and to help keep residents safe. We reviewed training records and confirmed mandatory training was planned and completed for staff to ensure the needs of residents were met.

We reviewed three residents' care records which evidenced that residents' needs were assessed and a range of care plans and risk assessments were in place. However a risk assessment and care plan for smoking was not completed. An area for improvement was made.

The home was warm, well lit and well-presented throughout. Corridors were clutter free and fire exits were free from obstacles. Residents' bedrooms were personalised with their own belongings and memorabilia. The bedrooms were clean, tidy and well decorated however there was no liquid soap, paper towels or bins. An area for improvement was made.

Bathrooms inspected were found to have toiletries and creams which had the potential to be shared between residents. We also noted the inappropriate storage of gloves, aprons and equipment in bathrooms. An area for improvement was made.

## Areas for improvement

The following areas were identified for improvement: the staff rota, care records, infection prevention and control and provision of liquid soap, hand towels and bins.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

#### 6.4 Is care effective?

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

Staff were observed to communicate well with each other about residents care needs and how they planned to meet these needs. Staff worked well as a team and were aware of their roles and responsibilities.

Residents were observed to be receiving the right care from staff including assistance with mobility, snacks and meals. Staff were knowledgeable about residents' abilities in decision making about their care.

Residents on modified and special diets were provided with the appropriate meals by staff who were familiar with individual requirements.

Care records reviewed showed that other professionals were involved in residents' care when required such as dieticians, GP's and community nurses. Daily updates were documented in an informative and compassionate manner. Staff accessed care records regularly and documented individual updates to ensure the care provided was effective.

Observation of the hand over report to the staff coming on duty was informative and appropriate, providing an update of residents' daily activities and any information staff required to assist them to care for residents.

#### Areas for improvement

No areas for improvement were identified in this domain.

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

#### 6.5 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.**

Throughout the day staff were observed asking residents about their preferred drinks, snacks and meal. Residents' choice and involvement was seen to be an important part of daily life in the home.

The lunch time meal was served in the dining room and residents were asked what condiments they preferred with their food. Staff cut up food for those who requested this while chatting to residents about everyday life. A daily menu was displayed to assist residents in their choice of lunch time meal.

Residents were observed participating in their preferred daily activities including bowls in the sitting room which was enjoyed by both residents and staff. Activities were advertised on a notice board so residents could choose what they wanted to do each day. This included walking, excursions, knitting, bingo, pamper events and quizzes. A trip to the Ulster Transport Museum was taking place on the day of inspection and several residents returned with stories of how they had enjoyed their day.

Residents were observed to be happy and relaxed in the home. They told us:

- “We have a lunch club every week.”
- “We are well looked after.”
- “They take us out for coffee.”
- “They are very accommodating here.”

We observed residents’ care records were stored confidentially and had been documented in a compassionate manner.

As part of the inspection we asked residents and family members to provide us with their comments via questionnaires. None were returned.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

**Areas for improvement**

No areas for improvement were identified in this domain.

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

**6.6 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.**

Interaction between the manger and staff was observed to be relaxed and respectful. The manager and staff discussed the daily care requirements in the home. Staff told us:

- “We have great support from the manager.”
- “I am supported to access any further training.”

We reviewed the record of accident/incidents in the home and evidenced that not all notifiable events had been reported to RQIA. This was discussed with the manager and an area for improvement was made.

We reviewed the record of complaints for the home and while none had been received since the last inspection the manager was aware of the complaints process. There were lovely examples of compliments from residents including:

“Thanks for the day trip to Newcastle.”  
 “Staff are very attentive to us all.”

We requested to review a sample of governance records to assure us that robust systems were in place to regularly review the quality of the care and other services provided to residents. Discussion with the manager identified that regular audits were not being completed. For example: falls, care records, infection prevention and control and the home’s environment. This was identified as an area for improvement.

We reviewed a sample of the monthly monitoring reports from July to December 2019. These were not being completed on a monthly basis and they had not identified that governance audits had not been completed. This was discussed with the manager and an area for improvement was made.

Staff were invited to provide comments to RQIA via an on-line questionnaire. None were received.

**Areas for improvement**

The following areas were identified for improvement: reporting of notifiable events to RQIA, governance audits and completion of the monthly monitoring reports.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angie Taylor, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure toiletries, creams, equipment, gloves and aprons are not stored in communal bathrooms.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All toiletries, creams and equipment including gloves and aprons are now removed from communal bathrooms The manager has put a checking system in place by senior staff to ensure this is compliant. Actioned</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (c)(d)(f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that all notifiable events in the home are reported to RQIA in a timely manner.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has introduced a reconciliation system to ensure that each time a DATIX incident is reported a notifiable event is reported to RQIA. Once the Manager approves a DATIX and prints it off she will ensure that the RQIA notifiable is attached to same to enable an audit to be take place to measure compliance withthis regulation Actioned</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29 (3) (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall complete a monitoring visit to the home at least once a month and provide a written report.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has now received all current provider reports which are now on file in the Managers Office. The Manager will ensure that she shares each report with all staff to ensure any actions are dealt with within the appropriate time frame of the report Actioned</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that the hours worked in the home by the manger and staff are recorded on the staff duty rota and in what capacity they are worked.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has amended the rotas to capture all staff on duty,including the manager and their hours worked . The Manager has captured the capacity of staff working under separate rotas by labelling one rota as Senior Care Staff on duty and the other Care Staff on Duty . Actioned</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure that a risk assessment and care plan are in place for residents who smoke.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager is currently completing a risk assessment on residents who smoke within the Home and this will also be recorded on their care plan.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 March 2020</p>	<p>The registered person shall ensure that liquid soap, paper towels and bins are provide in residents' bedrooms.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager has ordered new soap, soap dispensers, Paper towel dispensers and paper towels for the rooms that did not have these in place. The Manager has also ordered individual bins for all residents rooms and mirrors for those who wish to have one in place.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure working practices within the home are systemically audited and action taken when necessary. This includes care records, falls and infection prevention and control.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>                  The Manager has introduced a new audit programme to provide assurance of safe practice. This includes:                  1. Hand hygiene audits to be completed weekly and this will be sent monthly to Infection Control to evidence compliance.                  2 An audit for cleaning and maintenance of equipment and checking working order of all equipment within the Home. The Manager has asked for all PAT testing certificates of electrical equipment and will ensure these are tested as and when required by a member of the Estates Team.                  3 Audit of Health&amp; Safety practices ie Fire/Legionella etc                  4. Audit of falls risk assessment and management plans                  5 Audit of files and care plans at monthly supervision                  6 Audit of compliance with mandatory training to include infection control compliance</p>
---	--

***\*Please ensure this document is completed in full and returned via Web Portal\****



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)

Assurance, Challenge and Improvement in Health and Social Care