



The Regulation and  
Quality Improvement  
Authority

Newcroft Lodge  
RQIA ID: 1009  
126 Church Road  
Holywood  
BT18 9BY

Inspector: Kylie Connor  
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**Unannounced Care Inspection  
of  
Newcroft Lodge**

**6 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 6 May 2015 from 09.40 to 16.35. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/ Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Hugh Henry McCaughey	<b>Registered Manager:</b> Mr Samuel David McMahan
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr Samuel David McMahan	<b>Date Manager Registered:</b> Registered from 2005 with RQIA
<b>Categories of Care:</b> RC-DE	<b>Number of Registered Places: 32</b> <b>Day Care places: 3</b>
<b>Number of Residents Accommodated on Day of Inspection:</b> 27	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

### 4. Methods/ Process

Prior to the inspection we analysed the following records: returned Quality Improvement Plan and notifications of accidents and incidents.

We met with nine residents either individually or in groups, also with four residents' representatives/ visitors, the registered manager, two care staff and one ancillary staff member.

We inspected records including, two care records, complaints records, compliments records, staff training records, accidents and incidents records, fire records and a number of policies and guidelines pertaining to the areas inspected.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 23 October 2015. The completed QIP was returned and approved by the pharmacy inspector.

#### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (4)(c) 27 (4)(d)(i)	It was observed that one fire door was wedged open. Arrangements should be made to prevent the wedging of fire doors. <ul style="list-style-type: none"> <li>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During an inspection of the environment we noted that this had been addressed. No doors were wedged open. In our discussion with the registered manager, he confirmed that the home is in the process of having all bedroom doors fitted with hold open devices.	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 27	The registered manager should review and improve signage throughout the home ensuring it is fit for purpose for persons with dementia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During an inspection of the environment we noted that this had been addressed. Colour and memory boxes are used to orientate residents. In our discussion with the registered manager, he confirmed that any needs for further signage will be kept under review.	
<b>Recommendation 2</b> Ref: Standard 6.3	The registered manager must ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. <ul style="list-style-type: none"> <li>• Review all care plans and ensure that these are signed by the registered manager and indicate if the resident is unable to sign if they haven't signed.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed care plans and noted that this had been addressed. In our discussion with the registered manager he confirmed that he signs updated care plans.	
<b>Recommendation 3</b> Ref: Standard 10.1 10.2	The registered manager must review relevant policies and procedures to reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and ensure it details procedure of responding to characteristic and uncharacteristic behaviour including notification to RQIA on any occasion restraint is used.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the procedure of responding to residents' behaviour we noted this had been addressed. In our discussion with the registered manager, he confirmed that the content of training in behaviours which challenge have been updated accordingly.	

<p><b>Recommendation 4</b></p> <p>Ref: Standard 10.3 10.1 10.7</p>	<p>The registered manager must ensure that when a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p> <ul style="list-style-type: none"> <li>• Review and improve care plans to state how behaviours which challenge present with individual residents and state how staff should respond including the use of PRN medication</li> <li>• Ensure that care plans detail the arrangements for the use of all equipment which may be considered a restrictive practice, to include those identified i.e. locked doors and lap-belts and when in use, bedrails and pressure mats</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following a review of care plans we noted that this had been addressed. In our discussion with the registered manager, he confirmed that although no equipment is currently in use staff are aware that care plans will include equipment which may be considered a restrictive practice.</p>		
<p><b>Recommendation 5</b></p> <p>Ref: Standard 10.7</p>	<p>The registered manager must review the home's Statement of Purpose to ensure that the types of restrictive practices which may be used in the home are described with consideration of the Human Rights Act (1998).</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following a review of the Statement of Purpose we noted that this had been addressed.</p>		
<p><b>Recommendation 6</b></p> <p>Ref: Standard 13.9</p>	<p>The registered manager must ensure that appropriate consents are in place in regard to photography and other forms of media.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and examination of the care records confirmed that this had been addressed. Appropriate consents had been obtained in regard to photography and other forms of media.</p>		

<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 29.1</p>	<p>The registered manager must ensure that there is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> <li>• A copy of the fire risk assessment due to be completed in October 2014 should be forwarded to the estates inspector with actions taken to address any recommendations.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following a review of the current fire risk assessment, we noted that this had been addressed.</p>		

### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

#### Is Care Safe? (Quality of Life)

In our discussions with the registered manager and staff, it was confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that assessments and care plans were appropriately signed. We noted that documentation was kept under review and was amended as changes occurred to residents' health and welfare. The records were kept up to date to accurately reflect at all times residents' needs and preferences.

We noted that care plans contained details of residents' wishes regarding any specific arrangements at the time of their death. Care plans also noted the spiritual and cultural wishes of the residents. We noted that when there is discussion with the General Practitioner relating to medical interventions, this is noted within the care records. Our discussion with the registered manager confirmed that advanced care plans are completed by the General Practitioner (GP) and are retained in residents' files.

#### Is Care Effective? (Quality of Management)

We noted that the home had policies and guidelines in place pertaining to dying and death of a resident. At the time of writing, these referenced current best practice guidance. Staff had received training relating to death and bereavement several years ago and the registered manager confirmed that training was scheduled for staff in 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is Care Compassionate? (Quality of Care)**

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff members were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

A staff member described how a resident was cared for at the end of life. They described how the family were provided with support, prior to and following the residents death.

In our discussions with the registered manager he confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Staff gave examples of meeting relatives' needs in regard to visiting times, adequate chairs and comfort breaks.

Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The registered manager and staff confirmed with us that the deceased resident's belongings are handled with care and their representative is consulted about the removal of the belongings.

We inspected a sample of compliment letters and cards. We found that a number had been sent to the home by relatives in praise and gratitude for the compassion and kindness shown to the resident during illness and/or following death.

### **Areas for Improvement**

There were no areas of improvement identified with the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme: Residents Receive Individual Continence Management and Support**

### **Is Care Safe? (Quality of Life)**

Staff members had received information and training in continence management. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the registered manager we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is Care Effective? (Quality of Management)**

The home had written policies and procedures relating to continence management and staff had received appropriate information and training. We reviewed the care records and noted that continence needs were documented and that infection control measures were considered. Staff members were knowledgeable regarding where guidance and advice could be sought.

In our discussion with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no mal-odours noted during inspection of the premises. The registered manager confirmed that training on the management of continence is scheduled for May 2015.

### **Is Care Compassionate? (Quality of Care)**

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with residents they related that staff members provide care and support in a sensitive, kind and caring manner.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence. Staff members were able to describe how care is delivered in a compassionate manner and to articulate those values that underpin care within the home as they related to continence management and support.

### **Areas for Improvement**

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Residents' views**

We met with nine residents either individually or in small groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "The food is great."
- "They come and help."
- "A wee lie in does me. Yes, they do listen and they are helpful."
- "I'm very satisfied."



### **5.5.2 Staff views/ Returned Questionnaires**

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. There were no questionnaires returned from staff within the timescale for reporting.

Some comments included:

- “You get close to them and try to be strong for the relatives.”
- “I like working here. We do activities and we all try to do something.”
- “If I can put a smile on a residents face, I’m happy.”

### **5.5.3 Residents’ Representatives/Visitors Views**

We met with four residents representatives/visitors who expressed positive views in regard to staff attitude, the environment, communication with staff and the care and support their relative receives in the home.

Some comments included:

- “Residents are very, very well treated here.”
- “They are brilliant. If there is anything at all, they are on the phone.”
- “They are very mindful of the individual and are quick to act.”
- “‘A’ grade across the board.”

### **5.5.4 Environment**

Following an inspection of the environment, the home was found to be clean and tidy. Décor and furnishings are of a good standard.

### **5.5.5 Care practices**

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.6 Accidents/ incidents**

A review of the accident and incident notifications in the previous two months established that these had been reported and managed appropriately.

### **5.5.6 Complaints/ compliments**

Following a review of complaint records and in our discussion with the registered manager it was confirmed that complaints had been managed and lessons had been learned. The home had received several compliments.

### 5.5.7 Fire safety

The home had a current fire safety risk assessment and fire safety check records were up to date. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

#### Areas for Improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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No requirements or recommendations resulted from this inspection.

**I agree with the content of the report.**

<b>Registered Manager</b>	Sam McMahon	<b>Date Completed</b>	04:06:15
<b>Registered Person</b>	Hugh McCaughey	<b>Date Approved</b>	08.06.15
<b>RQIA Inspector Assessing Response</b>	Kylie Connor	<b>Date Approved</b>	09.06.15

Please provide any additional comments or observations you may wish to make below:

\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\*

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.