

Unannounced Care Inspection Report 7 July 2016



Newcroft Lodge

Type of Service: Residential Care Home

Address: 126 Church Road, Holywood, BT18 9BY

Tel No: 028 9042 4614

Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Newcroft Lodge took place on 7 July 2016 from 10.45 to 16.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

Is the service well led?

Two areas for improvement were identified. A requirement was made to ensure that RQIA are informed of any event which affects the care, health or welfare of a resident.

A recommendation was made to ensure the hours worked by the registered manager are recorded on the duty rota.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sam McMahon, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered provider: South Eastern Health and Social Care Trust	Registered manager: Samuel David McMahon
Person in charge of the home at the time of inspection: Seannan Mc Carthy, senior care assistant until 15.00. Sam McMahon after 15.00.	Date manager registered: 1 April 2005
Categories of care: RC - DE – Dementia	Number of registered places: 32
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 28

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with 24 residents, one member of the catering staff, two members of the care staff, a senior care assistant and the registered manager.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 4 July 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

The inspector left three residents, five resident's representatives and ten staff questionnaires to be distributed and returned to RQIA following the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 November 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 25 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 13.9 Stated: First time To be completed by: 1 December 2015	<p>The registered person should ensure that a record is kept of all activities that take place, including the person leading the activity, the duration and the residents who participate or who observe the activity.</p> <p>Action taken as confirmed during the inspection: A record was maintained of all activities that take place, including the person leading the activity, the duration and the residents who participate or who observe the activity.</p>	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- Five care assistants
- One senior care assistant
- Two member of the domestic staff
- One member of laundry staff
- Two members of catering staff
- The registered manager arrived at the inspection at 15.00

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A random sample of appraisals were inspected and confirmed they were completed in February 2016. The registered manager reported that he maintains a database schedule for annual staff appraisals.

Records of staff supervision were reviewed and confirmed that care staff are provided with two monthly supervision and senior care assistants' receive supervision on a monthly basis.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A review of one staff competency and capability assessments found this to be completed annually.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The adult safeguarding policy and procedure in place was dated December 2013. This policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review this policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The registered manager reported that further adult safeguarding training was scheduled for September 2016.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed six monthly and updated on a regular basis or as changes occurred.

The registered manager confirmed that restrictive practices were employed within the home, notably a locked front door. Discussion with the registered manager regarding this restriction confirmed this was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 December 2015 and the registered manager confirmed that all recommendations were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The registered manager reported that further fire safety training was scheduled for September 2016.

A fire drill was completed on 16 June 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

One area for improvement was identified. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. The registered manager reported that he is currently in the process of updating resident photos within the care records.

The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of monthly resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. A clergyman visited the home during the inspection. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The residents were involved in musical activities during the inspection. Posters were displayed throughout the home in regard to an ice cream day planned for residents on 19 July 2016.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions, residents' meetings, annual care reviews and the monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

One staff member commented:

- "The quality of care is good, no one is rushed. They are offered a good range of activities. There is good communication among the staff team. Everybody works well together and interactions are good between staff and residents."
- "We are a good staff team who work well together and support each other. Any concerns raised would be actioned by the senior care staff and the registered manager."

Areas for improvement

There were no areas for improvement identified within this domain.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review was undertaken of accidents/incidents and notifiable events since the last inspection. From October 2015 to 1 January 2016 six incidents had occurred where medical intervention was sought.

Whilst it was documented according on trust documentation, RQIA were not informed. A requirement was made to ensure that RQIA are informed of any event which affects the care, health or welfare of a resident.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Following a review of the duty rota it was noted that the hours worked by the registered manager were not recorded. A recommendation was made to ensure the hours worked by the registered manager are recorded on the duty rota.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that he had an understanding of his role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One area for improvement was identified. A requirement was made to ensure that RQIA are informed of any event which affects the care, health or welfare of a resident. A recommendation was made to ensure the hours worked by the registered manager are recorded on the duty rota.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sam Mc Mahon, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 your premises. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 8 July 2016	<p>The registered provider must ensure that RQIA are informed of any event which affects the care, health or welfare of a resident.</p> <hr/> <p>Response by registered provider detailing the actions taken: All senior staff have been made aware of the need to report all events which affect the care, health or welfare of a resident; and that this will further be reinforced during staff supervision sessions. This is also further explored with the registered manager as part of the monthly monitoring reports.</p>
Recommendations	
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 7 October 2016	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion.</p> <hr/> <p>Response by registered provider detailing the actions taken: The A.D with responsibility for Adult safeguarding will ensure the Trust policy will be reviewed in line with regional guidance however the regional guidance has not been signed off yet. It may be October/November before this will take place.</p>
Recommendation 2 Ref: Standard 25.6 Stated: First time To be completed by: 8 July 2016	<p>The registered provider should ensure the hours worked by the registered manager are recorded on the duty rota.</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager is now recording his working hours on the rota.</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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