

Primary Unannounced Care Inspection

Service and Establishment ID: Newcroft Lodge (1009)
Date of Inspection: 9 September 2014
Inspector's Name: Kylie Connor
Inspection No: 16641

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Newcroft Lodge
Address:	126 Church Road Holywood BT18 9BY
Telephone number:	(028) 9042 4614
Email address:	sam.mcmahon@setrust.hscni.net
Registered Organisation/ Registered Provider:	South Eastern Health and Social Care Trust Hugh McCaughey
Registered Manager:	Mr Samuel David McMahon
Person in charge of the home at the time of inspection:	Mr Samuel David McMahon
Categories of care:	RC-DE
Number of registered places:	32 (and 3 day care places)
Number of residents accommodated on day of Inspection:	30
Scale of charges (per week):	£461
Date and type of previous inspection:	11 December 2013 Secondary Unannounced Inspection
Date and time of inspection:	9 September 2014 11:40am to 6:40pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	20
Staff	3 plus the registered manager
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25 on day of inspection	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Newcroft Lodge Residential Care home is situated on the edge of Holywood. The residential home is owned and operated by the south eastern health and social care trust. Mr Samuel McMahon is manager of the home and has been registered manager from 2005.

Accommodation for residents is provided in single bedrooms in a single storey building. The home currently provides accommodation for 29 permanent residents, has one intermediate bed for persons being discharged from hospital and two respite beds.

Communal lounges, a smoke room, a dining room, hairdressing room, laundry facilities and kitchen are provided throughout the home. A number of communal sanitary facilities are available throughout the home. Residents have free access onto an enclosed courtyard with adequate seating and raised flowerbeds. There is off-road car parking available.

The home is registered to provide care for a maximum of 32 persons under the following categories of care:

Residential care

DE Dementia

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of three persons.

8.0 Summary of Inspection

This primary unannounced care inspection of Newcroft Lodge was undertaken by Kylie Connor on 9 September 2014 between the hours of 11:40am and 6:40pm. Mr McMahon was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all but one requirement and both recommendations had been addressed. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, Mr McMahon completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr McMahon in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives and a visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments received from residents, representatives, staff and a visiting professional are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained. One recommendation has been made to improve signage and a requirement is re-stated in regard to doors being wedged open.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details of some areas can be found in section 11.0 of the main body of the report.

One requirement and seven recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge.

Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Newcroft Lodge was substantially compliant with this standard. Improvements were identified in regard to the comprehensiveness of care plans and the need to review relevant policies and procedures.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions

with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. In the absence of the activity coordinator activities are provided by designated care staff or are occasionally contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Newcroft Lodge is compliant with this standard. An improvement was identified in regard to consent to photography and other forms of media.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 December 2013

No.	Regulation Ref.	Requirements	Action Taken – As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 14 (2)(a)(c)	<p>Some windows have restrictors which can be easily disengaged. The safety of the opening windows requires to be reviewed. The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100 which says:</p> <ol style="list-style-type: none"> 1. All Healthcare organisations should re-visit the guidance on window restrictors contained in HTM 55. 2. A review should be carried out on all installed window restrictors to ensure: <ul style="list-style-type: none"> • They meet the restricted opening cited in the HTM; • They are in good working order and have not been damaged or defeated; • Where problems are identified, a programme to repair or replace damaged restrictors is put in place. 3. Where a single restrictor is fitted, consideration should be given to replacing it and / or fitting a second restrictor on the opposite side of the window if. For example: <ul style="list-style-type: none"> • the existing restrictor is assessed as being of inadequate strength for 	The registered manager confirmed that information was forwarded to estates inspector. This is addressed.	Compliant

		<p>the situation;</p> <ul style="list-style-type: none"> • the restrictor can be disengaged without the use of a special tool or key; • the maximum opening exceeds 100mm; or • the window is located within a mental health area where it could be subject to physical attack. <p>4. Assess the need for window restrictors in those patient locations where none currently exist. Reference should be made to Health Technical Memorandum 55.</p> <ul style="list-style-type: none"> • The registered manager should provide a comprehensive update regarding progress made to the estates inspector. 		
2	Regulation 27 (2)(i)	<p>The arrangement of the kitchen unit in the visitor's room should be reviewed. Particular regard should be given to the provision of appropriately sited electrical outlets which would allow for the safe use of bench top appliances.</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	Observation evidenced that this has been addressed.	Compliant

3	Regulation 27 (2)(q)	<p>In relation to the upgrade and alterations to the home it should be confirmed that valid certificates have been obtained which verify that the following installations have been designed, installed, tested and commissioned in accordance with good practice and relevant codes of practice:</p> <ol style="list-style-type: none"> 1. Electrical installation 2. Fire detection and alarm system 3. Emergency light system 4. Nurse call system <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	The registered manager confirmed that these have been obtained by the trust and are kept centrally in the trust estates department. This is addressed.	Compliant
4	Regulation 27 (4)(c) 27 (4)(d) (i)	<p>A survey should be carried out of all fire doors. The necessary adjustments should be carried out to ensure that, under force of the closer, the doors close tight to the stops to provide an effective fire seal.</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	The registered manager confirmed this was addressed, that doors are checked weekly and any issues are reported through to estates. Observation during the inspection did not identify any issues. This is addressed.	Compliant

5	Regulation 27 (4)(c)	<p>It was observed that some of the fire signage is incorrect. A survey should be carried out and the signage corrected as necessary.</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	Observation confirmed that this has been addressed.	Compliant
6	Regulation 27 (4)(b) 27 (4)(d)(i)	<p>Some fire extinguishers are missing. A survey should be carried out and a competent person should ensure that the correct number and type of extinguishers are mounted at the required locations.</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	The registered manager confirmed that all are re-instated. Observation during the inspection identified no issues. This is addressed.	Compliant
7	Regulation 27 (2)(n) 27 (4)(c) 27 (4)(d)(i)	<p>During the inspection there was evidence that the current arrangements for automatically closing fire doors may not be meeting the care needs of residents.</p> <p>The arrangements for closing fire doors should be reviewed and the necessary action taken. The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	Self-closure devices were fitted to all lounges. Observation confirmed that this has been addressed.	Compliant

8	Regulation 27 (4)(c) 27 (4)(d)(i)	<p>It was observed that some fire doors were wedged open.</p> <p>Arrangements should be made to prevent the wedging of fire doors. (Refer also to fire risk assessment)</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	<p>One bedroom door was observed to be wedged open and discussions with the resident confirmed that it is her preference to have her door held open. The registered manger stated that the trust is developing a scheme to install hold open devices on all bedroom doors. However, the timescale is unknown. The registered manager agreed to ensure that a risk assessment and management plan would be completed that day. This was subsequently confirmed by the registered manager and the estates inspector was informed. This is not fully addressed.</p>	Substantially compliant
9	32 (1) (h)	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, if any of the following events is proposed to take place – the premises of the home are significantly altered or extended, or additional premises are acquired.</p> <p>The Registered Manager should contact the registration team and submit a variation application as required.</p>	<p>The registered manager confirmed that there are currently no plans for an extension and is aware of his responsibility in this area. This is addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.11	<p>The responsible person should ensure that an action plan made is reviewed in the following report and all persons spoken to are identifiable by use of initials or other method. Further efforts should be made to record comments and views made by residents, staff and visitors of the quality of care and support provided in the home.</p> <p>The Authority may consider enforcement action should this not be met.</p>	<p>Review of two reports confirmed that all reports had been completed from April 2014 to the date of the inspection. A number reviewed at random provided evidence that this is addressed. The registered manager was advised that the RQIA template for registered provider visits has been updated and is available on the RQIA website. This is addressed.</p>	Compliant
2	11.3	<p>The registered manager should ensure that the comprehensiveness of the content of the pre- review reports completed by staff prior to the care review are improved, specifically by providing information pertaining to the residents' 'small monies' managed by the home, ensure a copy of the pre review report is kept and evidence the involvement or otherwise of residents.</p>	<p>Review of one pre-review report evidenced that this is addressed.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Each residents communication methods and behaviours are included in the assessments forwarded to us by the referrer several days before admission. this information is used in conjunction with in house assessments to develop the care plan. the resident and or their representative is encouraged to participate in drawing up of the care plan. Getting to know you booklets also give staff an insight in to residents past life and current interests. Care plans are reviewed and altered as residents needs change, staff provide a verbal and written report at the end of each shift, areas of unusual conduct/behaviour would be acted upon, areas where improvement to the care provided would be discussed, and care plans altered to reflect this.	Compliant
Inspection Findings: The home had a Policy for the Management of Violence and Aggression and Use of Restraint (May 2012) in place. The policy also made reference to a number of related policies in place. A review of the policy and procedure identified that it in part reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and referenced the Human Rights Act (1998). It referenced appropriate notification and the registered manager is aware to notify RQIA on any occasion restraint is used. A recommendation has been made. Observation of staff interactions, with residents, and discussions with staff identified that informed values are demonstrated, that physical restraint is not used and that least restrictive strategies are implemented. A review of staff training records identified that all care staff had received training in dementia and challenging behaviours which included a human rights approach on 21 November 2013 or on 16 September 2013. Staff also received training in challenging behaviours on either 6 or 21 November 2013. A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were not	Substantially Compliant

consistently recorded nor state how staff should respond. A recommendation has been made. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	
Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Changes in behaviour are recorded and reported to senior person in charge, following a period of monitoring, the necessary advice is sought from the appropriate professionals and the residents family. Any contact with others will be recorded on contact sheet and care plans amended accordingly to promote positive outcome for the resident, and staff if necessary. Staff have training relating to care of vulnerable adults and challenging behaviour and are therefore aware of the correct responses to the resident and reporting mechanisms within these areas. When a resident's behaviour causes concern staff would report to the senior in charge and/or the manager, who will involve the necessary professionals, for example G.P or social worker. Staff have also been made aware of the impact of pain on residents and the difficulty that residents with dementia have in expressing verbally when they are in pain and thus alternative forms of communicating these needs.	Compliant
Inspection Findings:	
Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined below. <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff A policy and procedure reviewed did not reflect the above and a recommendation has been made. Staff were	Substantially compliant

<p>aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. One care record reviewed evidenced that relevant information was detailed regarding the residents identified uncharacteristic behaviour. A review of the record evidenced that residents' representatives and the trust had been informed. Discussions with staff, visitors and a visiting professional supported this.</p>	
<p>Criterion Assessed: 10.3 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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Residents needs are detailed in the careplan which includes guidance for staff on their conduct/response in order to meet that need verbal instruction is also given to staff when a residents needs a consistence approach due to behaviour concerns/needs, careplans are agreed with residents and the next of kin signs and dates same. Care plans are reviewed regularly and amended when changes have occurred to the residents needs. careplan are shared with the residents representative if this is the wish of the resident. staff will regularly review the care plan ensuring we are continuing to meet the need within our service. In addition to meet the needs of specific clients we have introduced charts to analyse behaviours called "ABC" Charts.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of three care plans identified that improvements are necessary to detail how behaviours which challenge present and when a resident needed a consistent approach or response from staff what the approach was. A recommendation has been made.</p> <p>Care plans reviewed were not signed by the registered manager and did not state if the resident was unable to sign. The staff member drawing it up had signed. A recommendation has been made.</p>	<p>Moving towards compliance</p>

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment When a residents behaviour has been problematic and persistant, advice would be sought from other professionals . ie, mental health team, social worker, care manager and G.P. the contact sheet would be completed and the care plan amended to indicate concerns and highlight responses and action from staff. A risk assessment would also be completed if necessary, to ensure a postive outcome and a safe environment for the resident and a managable situation for staff. the residents behaviour would be monitored and the careplan altered as needed. In addition to this Newcroft lodge uses an ABC chart in order to explore possible causes for the behaviour so that we can learn from the situation and prevent its re-occurrence.	Compliant
Inspection Findings: The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment staff have training in challenging behaviour, managing agression and breakaway techniques,in the event of a behaviour management programme being in place, support would be given from manager and senior staff, if necessary advise and guidance would be sourced from the appropriate persons/organisaton outside the facility, staff have recently completed a 6 hour Dementia awareness program during which they also covered responding to unusual behaviours	Compliant
Inspection Findings: The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training has been addressed in 10.1.	Not applicable

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Incidents not identified on the care plan are reported using IRI form and reported to RQIA as appropriate. care management or/and social worker would be notified. the residents representative would also be informed. a review would be arranged if necessary, involving staff from the home, resident, their representative and care manager and where necessary risk assessment form completed	Compliant
Inspection Findings:	
<p>A review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A visitor, a professional and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
if restraint had to be used it would be applied by senior staff who have been trained in the use of restraint. the incident would be recorded in residents notes and IRI completed. care manager/social worker and GP would be notified. Restraint would only be used after all other approaches have been exhausted and would therefore not be common practise within the home in managing behaviour.	Compliant
Inspection Findings:	
Discussions with staff, a visitor, a professional, staff training records and an examination of care records confirmed that physical restraint is not used.	Substantially Compliant

<p>Residents were unable to confirm during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations/or were aware that action had been taken/measures have been put in place to minimise the impact of these limitations.</p> <p>There was confirmation that a lap belt is used, 'now and again,' that the entrance door is controlled using a keypad and that bedrails and pressure mats are not used at present.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restrictive practices used in the home are not described. A recommendation has been made to include physical, environmental, mechanical, technological, chemical and psychological.</p>	
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PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment getting to know you booklets are completed on admission these include hobbies and interests, which, are taken into consideration for activity planning. activities take place on a daily basis. residents are given the opportunity to express satisfaction/dissatisfaction at the end of the session, when residents show lack interest/stimulation in a particular activity an alternative is sought, activities take place as a group or individual event. in addition to this an activity assessment is carried out on each resident to ascertain their ability to engage in each type of activity which helps us formulate and determine the type of activity we offer them.	Substantially compliant
Inspection Findings: The home had a policy on the provision of activities dated February 2014. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment The activity programme is varied and includes religious services, physical activity, and mental stimulation. The programme is fluid and will be altered to suit residents on the day, activities usually take place within the home,	Substantially compliant

<p>though community contacts are encouraged with residents enjoying bowling with other homes , in addition to that Newcroft lodge have also access to a mini-bus and have outings as seasons determine. All of our programmes are enjoyable, purposeful, age and culturally appropriate and indeed residents contribute to the planning of them</p>	
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised daily. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>At residents meeting residents are consulted in the activity planning and given the opportunity to suggest activities, due to the residents cognitive impairment it is often difficult to gauge the interests of the residents however every effort is made to engage with residents by holding residents meetings, and discussing interests with their next of kin.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with residents, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident/relatives meetings, one to one discussions with staff and care management reviews. There was confirmation that there are no residents at present who stay in their rooms.</p>	<p>Compliant</p>

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment Weekly activity is displayed on the residents and staff notice boards, it is also displayed on the date boards in the dining room, this clearly shows the time and date of the event and includes the name of the staff member responsible. individual staff members are also allocated activities as per their duty rota. Newcroft lodge has also introduced pictorial notices detailing the activity each day-in addition the home has had themed days including a day celebrating the Giro D' Italia which included appropriate meals and decoration and themed reminiscence.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in outside the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and their representatives confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs. A newsletter is produced to inform everyone of up and coming events.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment Group activities are usually taken by one member of staff, where the activity requires assistance a second member will participate, this includes games where the residents may need help mobilising , for example skittles or playing bowls.	Substantially compliant
Inspection Findings: Activities are provided twice each day by designated care staff and this changes daily. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included reminiscence, Wii, ball games, boccia, gardening, board games, arts and crafts. Staff stated that family members also brought in resources. There was confirmation from the registered manager that finances are made available for the provision of activities.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Morning activities are held at 11.30 prior to lunch this ensure residents have ample time to wash//dress and have breakfast before commencement. the duration of the activity is dictated by those attending, usually this will last until 12.30. Residents can leave the activity at any time.</p> <p>afternoon activities are adhoc, residents will choose the activity ,the time and duration is based on the staff work load for that day, Newcroft lodge does not have as yet an activity co-ordinator however the registered manager has allowed for this factor by having care assisants who work outside of their rota'd hours and come in and do activities with the residents in addition to the care staff fulfilling this as part of their role.</p>	Compliant
Inspection Findings:	
<p>Care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>the care assistant co-ordinating the activity in conjunction with the manager will liase with anyone coming into the home to deliver activities to ensure it is appropriate for our client group. the relevance and delivery of the service would be regularly monitored, by manager and senior staff to ensure its suitability for the residents. Staff would assist/join in the group to ensure feedback and also that the staff and volunteers are well informed of the capabilities of those attending.</p>	Substantially compliant
Inspection Findings:	
<p>Care staff confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment If services were contracted in, the senior in charge would inform the person looking after the activity of a residents well-being, if it could be affected by the activity it would be a requirement for the staff member co-ordinating to liaise with the person in charge at start and finish of the activity to update on the residents participation and enjoyment, initially a staff member would also assist or accompany residents during the session	Substantially compliant
Inspection Findings: The registered manager and staff confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment A record is held on all activities that take place within the home this includes bus trips and outings. The record includes names of those who attended and the person taking the activity, also includes residents satisfaction with the activity.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was no evidence that appropriate consents were in place in regard to photography and other forms of media and a recommendation has been made.	Substantially compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The activity schedule is reviewed regularly at the residents meetings, it is also reviewed when attendance levels decline or when residents participation decreases. residents are given the choice of activities that they wish to see take place within the home. All activities take into consideration the residents changing needs, an example of this is the one to one activities we are presently carrying out with some residents	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. The registered manager stated that there are arrangements in place for staff to attend a day centre in Bangor to improve their skills and knowledge in facilitating reminiscence activities in particular. The inspector was informed that there are a number of volunteers in the home and they facilitate a range of activities including playing musical instruments which residents enjoy.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with 20 residents both individually and in groups. Residents were observed relaxing in the communal lounges whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- I enjoy it very much. They are very good at the food. We have a good laugh. Sometimes the boss will take us out. We went to Bangor. That was a good day."
- "It's a very good place to live, it's lovely, the food is good. The staff are very considerate, very understanding."
- "They paint your nails. They do an excellent job."
- "It's (the home) is so beautifully clean."
- "I like to sing. Some people start us of."

11.2 Relatives/Representative Consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "It's very good, very impressive home. My relative enjoys every activity, loves to get out, I have been very pleased (with the care and support received). I've never seen anyone raise their voice, they have been very good. I've seen the old films of Holywood, Newtownards and Bangor (shown in the home). It was fascinating seeing people jump up and say, 'I remember that, I was there.' My relative has been to the folk museum, done a number of things and enjoyed them enormously."

11.3 Staff Consultation/Questionnaires

The inspector spoke with three staff of different grades and no staff completed and returned questionnaires. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- 'We do armchair activities outside on a good day.'
- "A volunteer plays the violin, you notice the residents' enjoyment and becoming relaxed."

- “Activities are good, done twice per day and we get out on the bus.”

11.4 Visiting professionals’ Consultation

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “They are very well led. The manager leads by humour and by example.”

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be improved following renovation begun in 2013. One bedroom door was observed to be wedged open and a requirement has been re-stated. One toilet door was observed to have no signage and a recommendation has been made to improve the signage throughout the home which is appropriate for persons with dementia.

11.9 Guardianship Information/Resident Dependency

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the resident dependency return identified a number of issues, which were discussed with the registered manager and identified as errors.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 30 October 2013 and it is noted that a review is due shortly. A recommendation has been made.

A review of the fire safety records evidenced that fire training, had been provided to staff on 22 August 2014 and staff confirmed that they complete the second fire safety training on the computer (TAS system). The records also identified that an evacuation had been undertaken on 22 August 2014 and 1 July 2014 and that different fire alarms are tested weekly with records retained and up to date to 2 September 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. However, a number of doors were found not to be locked and this was brought to the registered manager's attention who gave assurances that this would be addressed with staff.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McMahon, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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 the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Newcroft Lodge

9 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Sam McMahon, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27 (4)(c) 27 (4)(d)(i)	<p>It was observed that one fire door was wedged open.</p> <p>Arrangements should be made to prevent the wedging of fire doors.</p> <ul style="list-style-type: none"> The registered manager should provide a comprehensive update regarding progress made to the estates inspector. 	Two	The registered manager can confirm that hold open devices have been fitted to all lounge doors. Staff are aware of the policy in relation to fire doors and adhere to this. In this instance a resident had wedged their bedroom door open This has been discussed with the individual and their family. A risk assessment had been completed to address the situation. This situation will be highlighted at residents and relative meetings to reinforce need to comply with policy.	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (Section 11.8 of the report refers)	The registered person should review and improve signage throughout the home ensuring it is fit for purpose for persons with dementia.	One	The registered manager can confirm that he has reviewed signage in the home and taken steps to improve it for people with dementia.	1 December 2014
2	6.3 (Section 10.3 of the report refers)	<p>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.</p> <ul style="list-style-type: none"> 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. 	One	The registered manager can confirm that he has reviewed the residents careplans. He is in the process of ensuring that these are signed by him and will be compliant by the agreed date.	1 January 2015
3	10.1 10.2	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.	One	The registered manager can confirm that he will review the local policies and procedures and will take the necessary steps to ensure that they reflect the DHSS Guidance on Restraint and Seclusion in Health and personal Social Service (2005). He will ensure	1 March 2015

				that the procedure of responding to characteristic and uncharacteristic behaviour includes notification to RQIA on any occasion restraint is used.	
4	10.3 10.1 10.7	<p>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"> 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 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 	One	<p>The registered manager can confirm that he has shared the findings of this inspection with his senior staff team. Where necessary care plans will be reviewed and amended, to reflect that when behaviours which challenge present with individual residents, the care plan will state how staff should respond. This will include the use and effect of PRN medication.</p> <p>The registered manager can confirm that care plans will also detail the arrangements for the use of all equipment which may be considered as restrictive practice.</p>	1 January 2015
5	10.7	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).	One	The registered manager can confirm that he has shared the findings of this inspection with his senior staff team and the home's statement of purpose will be more detailed in respect of any such types of restrictive	1 February 2015

				practice with consideration of the Human Rights Act (1998)	
6	13.9	Ensure that appropriate consents are in place in regard to photography and other forms of media.	One	The registered manager can confirm that he has reviewed the policy and procedure in respect of consent. Consent will now be agreed in respect of photography and other forms of media. This will also be discussed with relatives at their forthcoming meeting	1 February 2015

7	29.1	<p>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"> 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. 	One	The registered manager can confirm that he has made contact with the estates department in respect of the fire risk assessment and arranged for the same to be completed and will forward to the estates inspector any actions taken to address any recommendations.	1 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Samuel McMahon
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	K.Connor	9/11/14
Further information requested from provider			