

Inspection Report

10 January 2023



Newcroft Lodge

Type of service: Residential Care Home
Address: 126 Church Road, Holywood, BT18 9BY
Telephone number: 028 9042 4614

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust	Registered Manager: Mr Samuel David McMahon
Responsible Individual: Ms Roisin Coulter	Date registered: 1 April 2005
Person in charge at the time of inspection: Samuel McMahon	Number of registered places: 32
Categories of care: Residential Care (RC): DE – dementia	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 32 residents.	

2.0 Inspection summary

An unannounced inspection took place on 10 January 2023 from 10:30am to 4:15pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean, tidy and there was a welcoming atmosphere. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified. Details can be viewed in the main body of this report and the Quality Improvement Plan (QIP). Addressing the areas for improvement will further enhance the quality of care and services in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

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

4.0 What people told us about the service

Residents told us they were happy with the service provided. Comments included; "staff are very thoughtful and kind". Residents were positive about the cleanliness of the home and the care provided. The meal provision was described as "meals are lovely, really good and plenty of it"

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

Relatives stated they were satisfied with communication and all aspects of the care provided. Comments made by residents, staff and relatives were shared with the management team for information and action if required.

No responses were received from the resident/relative questionnaire.

No responses were received from the staff questionnaires following the inspection.

Compliments received about the home were kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 12 May 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that robust systems are in place for the management of medication dosage changes.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment records are managed centrally by the Business Service Organisation. A record should be kept in the Home to evidence that the appropriate recruitment checks have been carried out prior to commencing employment. This was discussed with the manager and an area for improvement identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC) with a record maintained by the manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they understood their role in the home and the roles of others.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

It was observed that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Staff responded to requests for assistance promptly in a caring and compassionate manner.

Competency and capability assessments had been completed for staff left in charge of the home when the manager is not on duty.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met for a 'handover' at the beginning of each shift to discuss any changes in the needs of the residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Residents' needs were assessed at the time of their admission to the home. Following an initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other health professionals. Residents care records were held confidentially

Review of residents' care records evidenced that care plans and risk assessments were reviewed on a regular basis. However, care plans for the management of weight loss in two identified residents had not been updated, this was discussed with the manager and an area for improvement was identified.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was a choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many patients' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable.

It was observed that in a number of bedrooms, there was no call bell system for residents and staff to summon assistance if and when required. This was discussed with the manager who said that staff routinely carried out regular observations to ensure that all residents were safe and well, however there was no formal protocol in place to guide staff in the absence of a suitable system or to provide for residents who could summon help using a call bell system. An area for improvement was identified.

It was noted that some staff were wearing long sleeved garments and were therefore not adhering to the practice of being bare below the elbow when assisting residents with tasks such as meals and mobilising. Staff were observed to carry out hand hygiene at appropriate times, however some staff were observed to be wearing false nails, this can impede effective hand hygiene. Care staff who were involved in the serving of lunch did not consistently don aprons to serve lunch to the residents, whilst other staff were not wearing the coloured aprons designated for mealtimes. These issues were discussed with the manager and an area for improvement was identified.

Cleaning products were observed to be unsupervised on a domestic trolley, not in keeping with Control of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

The home's most recent fire safety risk assessment was dated 24 August 2022. An Action Plan was in place to address the recommendations made by the fire risk assessor. Confirmation was received from the manager after the inspection that that all recommendation shad been addressed.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

5.2.4 Quality of Life for Residents

Staff supported residents to be actively involved in making positive decisions about their care, for example how to spend their day and participation in activities

Observation of practice confirmed that staff engaged with residents on an individual and group basis throughout the day. Residents were encouraged to participate in regular meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and life in the home.

Hairdressing was regularly available for residents.

Residents said that they felt staff listened to them and would make an effort to sort out any concerns they might have.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr Samuel McMahon is the registered manager of this home.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Records confirmed that staff meetings were held regularly. Staff commented positively about the management team and described them as supportive and approachable.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the safeguarding champion for the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	3*	3

* the total number of areas for improvement includes one Regulation that which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Samuel McMahon, Registered Manager and Demi Cox, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: On-going from the date of inspection (12 May 2022)	The registered person shall ensure that robust systems are in place for the management of medication dosage changes. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a suitable call bell system is in place throughout the home in order that staff and residents can appropriately summon assistance if and when required.</p> <p>A formal protocol, to guide staff in the absence of a suitable system and to provide for residents who can summon help using a call bell system, should be developed and put into operation until a suitable system is in place.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The manager can confirm that this is currently being addressed with our own estates department A protocol has been put in place that staff will check on residents on an hourly basis or more frequently as deemed necessary throughout the day and night according to the residents assessed risk.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practical that all parts of the home to which residents have access are free from hazards to their safety. This is in relation to the management of cleaning chemicals.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager can confirm that this has been addressed with the staff emphasising the need to ensure the home is free from hazards.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The Registered person shall ensure that a record is kept to evidence that the appropriate recruitment checks have been carried out prior to new staff commencing employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The registered manager can confirm that such a record that has been suggested and requested is now in place for any future staff employed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that resident care records are reviewed and updated to reflect the individual assessed need of the resident in relation to weight loss.</p> <p>Ref: 5.2.2</p>

28 February 2023	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager can confirm that this has been addressed with the staff and staff are reminded during their supervisions of the need to ensure accuracy of information contained in care plans.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2023</p>	<p>The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures and the use of PPE. Staff should be provided with training updates in these areas. The system in place to monitor hand hygiene and the use of PPE should be effectively robust to identify and address deficits in these areas.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager can confirm that systems are in place monitor hand hygiene and IPC training has been arranged with our own organisation to refresh staff training; these matters are also reinforced during team briefs and staff meetings.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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