The Regulation and Quality Improvement Authority

Inspection Report

11 January 2024

Newcroft Lodge

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust **Responsible Individual:** Roisin Coulter	**Registered Manager:** Demi Cox - acting
Person in charge at the time of inspection: Demi Cox	**Number of registered places:** 29
Categories of care: Residential Care (RC) DE – Dementia.	**Number of residents accommodated in the residential care home on the day of this inspection:** 24
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 29 residents. This is a ground floor building with access to a number of communal areas and outdoor space for residents.	

2.0 Inspection summary

An unannounced inspection took place on 11 January 2024, from 10.15 am to 5.30 pm 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 bright and welcoming, residents were seated in communal areas across the home and appeared to be comfortable in their surroundings.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger.

It was evident that staff promoted the dignity and well-being of residents in the home. For example; offering choice to residents throughout the day and speaking to residents in a calm and respectful manner.

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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified relating to; pre-employment checks, post falls follow-up, storage of records, wedging/propping of fire doors, and replacement of call bell leads.

RQIA were assured that the delivery of care and service provided in Newcroft Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Newcroft Lodge.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with provided positive feedback about their experiences of living in the home. Residents told us, “the girls are all great”, when referring to the staff. Residents said they enjoyed the food and told us, overall they were “happy” residing in Newcroft Lodge.

One resident told us, “staff give you the time to talk to them”, reporting she felt listened to by staff.

One relative who was visiting, told us they were pleased how their relative had settled into the home and the support they observed to be provided by staff. The relative told us the home is “spotless” and staff interactions with residents are very positive.

One questionnaire was returned by a relative, the questionnaire told us they were very satisfied with the care provided to their relative and the care was “first class.” Four members of staff completed the online staff survey, staff reported to be satisfied and very satisfied that the care was safe, effective and well led. Other comments in the survey were shared with the manager.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment wrote, “Thank-you for taking such good care of dad all year.”

5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 10 January 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 13 (4)

Stated: First time</td><td>The registered person shall ensure that robust systems are in place for the management of medication dosage changes.

Ref. 5.2.1 & 5.2.3</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>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.</td></tr>
</table>

Area for improvement 2 **Ref:** Regulation 13 (1) (a)(b) **Stated:** First time	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. 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. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met as written.	
Area for improvement 3 **Ref:** Regulation 14 (2)(a) **Stated:** First time	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. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for improvement 1 **Ref:** Standard 19.3 **Stated:** First time	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. Ref: 5.2.1	**Partially met**
	Action taken as confirmed during the inspection: There was evidence a checklist was in place to ensure the relevant pre-employment checks were completed for one staff member, prior to commencement of post. However, this was not fully evident for another staff member's pre-employment checks. This area for improvement has been partially met and will be stated for a second time.	
Area for improvement 2 **Ref:** Standard 6.6 **Stated:** First time	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. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 **Ref:** Standard 35 **Stated:** First time	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. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. For one newly recruited staff member, the pre-employment checklist had not been fully completed prior to the staff member commencing their post. However, the manager confirmed that all necessary checks were in place. This area for improvement has been partially met and will be stated for a second time.

There were systems in place to ensure staff were trained and supported to do their job and the manager evidenced good oversight of staff compliance with training.

There was evidence of systems in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). This was robust at ensuring staff who were required to be registered with NISCC, had this in place.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the manager. Staff told us they enjoyed working in the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.
It was noted 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. For example, a trolley with snacks and drinks was available and offered to residents at timely intervals throughout the day. It was observed that staff took the time to listen to residents and attend to their needs.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents told us staff were supportive, attentive and approachable. Residents who were able to make their wishes known said staff were responsive to them. One resident said, "I have no worries, the staff sort them all out for me."

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, one resident was observed to present with home seeking behaviours, the staff member responded to the resident in a calm and reassuring manner.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Discussion with the manager confirmed there has been ongoing work to ensure the appropriate post falls documentation is completed as directed by the organisation. Examination of records did not always evidence completion of the homes internal post falls protocol, for example; post fall observations. A discussion took place with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks and condiments available. The menu was clearly displayed in the dining area and was reflective of the meal choices on offer today.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Care records were filed in the staff room, it was observed that the staff room was unlocked on one occasion, this was addressed by the manager and assurances were provided. An area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. There was evidence of general wear and tear to a number of identified areas in the home. The manager provided assurances this had been identified during an environmental audit and a meeting was scheduled with management to agree an improvement plan. This will be reviewed at the next inspection.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as pictures and photographs of residents engaging in activities.

Residents said the home was kept clean and tidy, one relative told us "it's spotless" about the overall home environment.

A number of foam washes were stored in the communal bathroom in the home. A discussion took place with the manager and assurances were provided that these would be removed and stored for individual use. This will be reviewed at the next inspection.

A Fire Risk Assessment was completed in the home on the 16 November 2023 by an accredited fire risk assessor. The overall risk was deemed tolerable. There was evidence of actions having been taken by the manager within the timeframes agreed by the fire risk assessor. The manager had referred a number of the actions to the South Eastern Health and Social Care (SEHSCT) estates department and an update on the progression of these actions was shared with RQIA estates department following the inspection.

There was evidence of two doors having been propped open at the entrance to the care home and in one of the communal lounges. This was addressed immediately by staff. A discussion took place with the manager and an area for improvement was identified.

There was evidence of a call bell system in place in the home, however call bell leads were not available in all of the resident's bedrooms. The manager provided assurances about the current arrangements in place to monitor residents who do not have access to a call bell lead and confirmed plans to ensure these were replaced. The previous area for improvement identified relating to call bells has been met as written and a new area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have birthday parties in their room or one of the lounges. One resident told us they had attended an outing earlier in the week to the Cinema. The resident said this was a "great" experience and that they enjoyed getting out.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. During the inspection there was evidence of residents engaging in arts and crafts with the staff, music was playing and the residents who were involved told us they were enjoying the activity.

There were care records in place to evidence resident involvement in activities and a weekly schedule of activities was in place. The documentation did not always reflect the staff member facilitating the activity, the manager provided assurances this would be monitored to ensure this is included. This will be reviewed at a future inspection.

5.2.5 Management and Governance Arrangements

Miss Demi Cox has been acting as manager in the home since 20 November 2023 and is continuing to act as manager until recruitment for the permanent post has been confirmed.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. 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 (Demi Cox) was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would manage these appropriately.

Staff 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 residents, care practices or the environment. Staff commented positively about the manager and her transition into this new role. Staff said the manager was supportive and approachable.

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

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	3*	3*

* The total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Demi Cox, Manager, 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:** From the date of inspection	The registered person shall ensure that robust systems are in place for the management of medication dosage changes. Ref: 5.1
	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.
Area for improvement 2 **Ref:** Regulation 13 (1) (a) & (b) **Stated:** First time **To be completed by:** 11 February 2024	The registered person shall ensure the homes post falls protocol is implemented appropriately to ensure appropriate recording and updating of; post falls monitoring, risk assessments and care plans. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Post falls protocol has been implemented, appropriate recording and updating of falls risk assessment, care plans and post falls summary records are in place. Staff aware of the protocol and additional staff training in relation to post falls protocol is scheduled for 15th March 2024 An auditing process has been implemented in relation to post falls documentation
Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) and (v) **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure the practice of wedging or propping fire doors is ceased immediately. Ref: 5.2.3
	Response by registered person detailing the actions taken: The issue of wedging or propping fire doors has been raised with staff at daily handover reports,Staff meetings in January and will continue to be an agenda item on care and senior staff meetings. Signage has been placed throughout the home in relation to the propping open of fire doors. All staff are advised to maintain vigilance and report any future incidents to registered manager / senior carer in charge at the time.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)

Area for improvement 1 **Ref:** Standard 19.3 **Stated:** Second time **To be completed by:** 11 February 2024	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. Ref: 5.1 & 5.2.1
	Response by registered person detailing the actions taken: A record of completed recruitment checks is held via the Amiqus recruitment system by the registered person prior to staff commencement date.
Area for improvement 2 **Ref:** Standard 22 **Stated:** First time **To be completed by:** Immediately and ongoing	The registered person shall ensure the staff room is locked securely when not in use to ensure residents personal information is stored securely and in accordance with DHSSPS policy, procedures and guidance. Ref: 5.2.2
	Response by registered person detailing the actions taken: A request has been made to theTrust Estates Department following inspection, to fit a key pad onto staff room door to ensure residents personal information is stored securely Staff have been advised at daily handover reports to ensure staff room door is kept locked at all times when not in use.
Area for improvement 3 **Ref:** Standard N10 **Stated:** First time **To be completed by:** 11 February 2024	The registered person shall ensure a system is in place to ensure call point buttons are replaced in a timely manner. Ref: 5.2.3
	Response by registered person detailing the actions taken: A weekly check of all call bells has been implemented to ensure call point buttons are checked reguarly faults reported to Trust estates department and replaced in a timely manner as required.

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

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