

Unannounced Care Inspection Report 15 March 2017



Newcroft Lodge

Type of Service: Residential Care Home
Address: 126 Church Road, Hollywood, BT18 9BY
Tel No: 028 9042 4614
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Newcroft Lodge took place on 15 March 2017 from 10:40 to 16:20.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Two areas for improvement were identified in relation to care plans and the need for a care management review.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sam McMahon, registered manager and Seaneen MacCarthy, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 July 2016.

2.0 Service details

Registered organisation/registered provider: South Eastern Health and Social Care Trust	Registered manager: Samuel David McMahon
Person in charge of the home at the time of inspection: Samuel McMahon	Date manager registered: 1 April 2005
Categories of care: RC - DE – Dementia	Number of registered places: 32

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 24 residents, one relative, one visiting professional, five care staff and the registered manager. The inspector also spoke briefly with Elaine Somerville, Head of Service, South Eastern Health and Social Care Trust

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- One staff competency and capability assessment
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Accident/incident/notifiable events register
- Minutes of recent residents'/representatives' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated below.

4.2 Review of requirements and recommendations from the last care inspection dated 7 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 8 July 2016	The registered provider must ensure that RQIA are informed of any event which affects the care, health or welfare of a resident. Action taken as confirmed during the inspection: A review of the record of accidents and incidents confirmed that these were appropriately reported.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 7 October 2016	The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion. Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that this policy was reviewed to reflect the current regional guidance and is currently in draft format pending approval by the Trust management team. The registered manager confirmed that a safeguarding champion has been established within the Trust.	Partially Met
Recommendation 2 Ref: Standard 25.6 Stated: First time To be completed by: 8 July 2016	The registered provider should ensure the hours worked by the registered manager are recorded on the duty rota. Action taken as confirmed during the inspection: A review of the duty rota confirmed that the hours worked by the registered manager were recorded	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

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

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

The adult safeguarding policy in place was recommended for review at the last inspection. Discussion with the registered manager confirmed that this policy was reviewed to reflect the new regional guidance and is currently in draft format pending approval by the Trust management team. The registered manager confirmed that a safeguarding champion has been established within the Trust.

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

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the Trust's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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

An inspection of the environment identified that there were some bedroom doors locked during the inspection. Discussion with the residents, registered manager and staff confirmed that this was undertaken in agreement with the residents and consent was recorded in their care records.

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

The home had an up to date fire risk assessment in place dated 23 January 2017. The registered manager confirmed they were in the process of addressing the recommendations made within this assessment.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were last completed on 16 June 2016. Records were retained of staff who participated and any learning outcomes.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

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

Three care records were reviewed during the inspection. The care records reviewed contained an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g.

manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

During a review of two of the care records it was noted in the care plan that monthly weights should be undertaken. However these weights were not completed on a monthly basis. A recommendation was made to ensure that care plans are reflective of the identified needs of the residents and any actions outlined in the care plans are completed.

A review of a third care record identified a number of incidents had occurred with one resident who was experiencing periods of challenging behaviour both towards staff and other residents. A recommendation was made that a care management review of this placement is undertaken to ensure that the appropriate supports are in place to meet the identified needs. A robust care plan should be devised following this review.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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

Areas for improvement

Two areas for improvement were identified in relation to care plans and the need for a care management review.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of care records and discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example a care plan was in place for the management of pain.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection some of the residents were involved in nail therapy in the morning. In the afternoon, a church choir visited the home and sang to the residents. Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family are welcome to visit the home at any time.

On the day of the inspection the residents were well dressed with good attention to personal detail. During discussion with the residents they expressed their satisfaction with the care provided to them by the staff. Comments made by residents during the inspection were:

- "I like it in here, the food is lovely."
- "The food is ok."
- "They are good to me in here."

One comment made by a relative during the inspection was:

- "There are always plenty of staff on duty. I am very happy with the care provided to my relative. There is good communication from the staff team and they are very prompt to ensure everything is done for (resident)."

One visiting professional commented:

- "The staff were very knowledgeable of the residents needs and were able to describe this in detail. There is a calm and relaxed atmosphere in the home."

Comments from staff members included:

- "The manager is very supportive and approachable."
- "We have no difficulties in getting the work done, we are able to help each other out. There is good teamwork. This is a good staff team and everyone is approachable."

- “This is a good place to work. There is good team work and good communication. Everyone works well together.”
- “This is a good place to work. The manager has helped me get different things sorted out.”
- “Staffing is okay. This is a good place to work. I am very happy here.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

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

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken

place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sam McMahon, registered manager and Seaneen MacCarthy, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that care plans are reflective of the identified needs of the residents and any actions outlined in the care plans are completed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that a care management review of one identified placement is undertaken to confirm that the appropriate supports are in place to meet the identified needs. A robust care plan should be devised following this review.</p>
	<p>Response by registered provider detailing the actions taken: .Care plans have been reviewed and amended to reflect the needs of the residents</p>
	<p>Response by registered provider detailing the actions taken: A care management review has been arranged for end April. Client has been assessed by psycho Geriatrician. An updated care plan will be put in place.</p>



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