



# Unannounced Care Inspection Report 17 December 2020



## Newcroft Lodge

**Type of Service: Residential Care Home**  
**Address: 126 Church Road, Holywood BT18 9BY**  
**Tel No: 02890424614**  
**Inspector: Linda Parkes**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 32 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Seamus McGoran	<b>Registered Manager and date registered:</b> Lynn McQuillan Acting manager since 24 February 2020
<b>Person in charge at the time of inspection:</b> Senior Care Assistant Seaneen MacCarthy 10.00 to 12.00 Lynn McQuillan manager 12.00 to 17.05	<b>Number of registered places:</b> 32 Plus three places for day service
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 17 December 2020 from 10.00 to 17.05. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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 following areas were examined during the inspection:

- the environment/Infection Prevention and Control
- staffing and care delivery
- residents' records
- governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*2

\*The total number of areas for improvement includes one standard which has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lynn McQuillan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report

During the inspection the inspector met with six residents, the manager and six staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No resident questionnaires were received within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 4 December 2020 to 17 December 2020
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff supervision and appraisal records
- staff training records
- incident and accident records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- compliment records
- complaint records
- two residents' care records
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure toiletries, creams, equipment, gloves and aprons are not stored in communal bathrooms.	Not met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of unlocked cupboards in two communal bathrooms evidenced that toiletries, creams, equipment, gloves and aprons were inappropriately stored. This area for improvement has not been met and has been stated for the second time.	
<b>Area for improvement 2</b> Ref: Regulation 30 (1) (c)(d)(f) Stated: First time	The registered person shall ensure that all notifiable events in the home are reported to RQIA in a timely manner.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of notifiable events reported to RQIA from 4 March 2020 to 6 December 2020 evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b> Ref: Regulation 29 (3) (4) Stated: First time	The registered person shall complete a monitoring visit to the home at least once a month and provide a written report.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of quality monitoring reports from 7 October 2020 to 12 November 2020 evidenced that this area for improvement has been met.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that the hours worked in the home by the manger and staff are recorded on the staff duty rota and in what capacity they are worked.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the staff duty rota from 4 December 2020 to 17 December 2020 evidenced that the hours worked and the capacity they are worked by the manager and staff are recorded. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure that a risk assessment and care plan are in place for residents who smoke.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that currently no residents in the home smoke and that she will ensure risk assessments and care plans are in place for future residents who smoke. This area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35.7 <b>Stated:</b> First time	The registered person shall ensure that liquid soap, paper towels and bins are provided in residents' bedrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and observation of a selection of residents' bedrooms evidenced that liquid soap, paper towels and bins are provided in residents' bedrooms. This area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure working practices within the home are systemically audited and action taken when necessary. This includes care records, falls and infection prevention and control.	<b>Met</b>
	Discussion with the manager and review of a selection of audits regarding care records, falls and infection prevention and control evidenced that this area for improvement has been met. Refer to section 6.2.4 for details.	

## 6.2 Inspection findings

### 6.2.1 The internal environment/Infection Prevention and Control

Upon arrival to the home the inspector had a temperature and symptom check. The senior care assistant in charge advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods were used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

Information displayed in the foyer and in identified areas of the home evidenced that it was not laminated and could not be wiped clean in order to adhere to infection prevention and control (IPC) best practice. This was discussed with the manager and an area for improvement was identified.

It was observed that the laundry store was untidy with items such as bedding and resident continence products inappropriately stored on the floor. This was discussed with the manager who advised she would address the matter. Correspondence received from the manager on 18 December 2020 advised that the laundry store has been cleared and that items are stored on the appropriate shelving unit in the store.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

### 6.2.2 Staffing and care delivery

A review of the staff duty rota from 4 December 2020 to 17 December 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents, relatives or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Newcroft Lodge. We also sought the opinion of residents and their representatives on staffing via questionnaires. Nine representative questionnaires were returned within the timescale specified. Two questionnaires did not indicate if they were completed by a resident or their representative.

Four comments recorded included:

- “The staff and the care provided are second to none. The caring attitude and level of care is astounding. As a family we have no complaints at all.”
- “Very happy with my mum’s care. No issues. Staff keep in frequent contact.”
- “All staff very kind and caring. Always keep me in the loop regarding dad’s care.”
- “I’m very happy with all aspects of care provided. Staff are very attentive.”

Cards of thanks had been received by the home. One comment recorded included:

- “I am delighted with my father’s care. He has really settled well at Newcroft and enjoys being there. All the staff are very good. I have peace of mind that he is well looked after.”

We observed the serving of the lunchtime meal in the dining room. The food appeared nutritious and appetising and staff wore aprons when serving or assisting with meals. Residents able to communicate indicated that they enjoyed their meal. A staff member advised that the daily menu and choice of meal is discussed with residents. Staff demonstrated their knowledge of residents’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. Residents who preferred to eat in their rooms had meals provided on trays in a timely manner.

Discussion with residents and staff evidenced that arrangements were in place to meet residents’ social, religious and spiritual needs within the home. The activity planner was displayed on the notice board, outside the dining room advising residents of planned activities during December 2020. Residents were observed to enjoy singing Christmas carols and listening to Christmas poetry in the dining room while adhering to social distancing guidelines.

Four residents spoken with commented:

- “It’s a great place. I’ve no concerns and the foods lovely.”
- “I enjoyed the carols and have no concerns.”
- “The staff are good. I enjoyed lunch.”
- “All’s good. The staff are nice and so was lunch.”

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident’s condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.



### 6.2.3 Resident records

Review of two residents' care records regarding falls evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

### 6.2.4 Governance and management

Since the last inspection there has been a change in management arrangements. The certificate of registration issued by RQIA was displayed in the manager's office. It was advised that the certificate should be displayed in a more prominent position in the home. The senior care assistant advised that it is usually displayed in the foyer of the home and that it had been moved after the area had been decorated. Correspondence received from the manager on 18 December 2020 advised that the framed certificate of registration has been moved to the foyer. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. The manager advised that the day care service is currently not provided due to the pandemic.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC).

Staff supervision and appraisals were discussed with the senior care assistant who explained that supervision was completed for each member of staff every two months and that a system was in place to ensure that yearly appraisals were completed.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020 evidenced that staff had attended training regarding adult safeguarding, dementia awareness, MAPA (Management of Actual or Potential Aggression) training level 2, basic life support, moving and handling, infection prevention and control (IPC) and fire safety. The manager advised that she has completed DoLS (Deprivation of Liberty Safeguarding) level 2 and 3 training and that all staff have completed DoLS level 2 training.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, infection prevention and control (IPC) practices including hand hygiene and decontamination of equipment namely, weighing scales, commodes, walking aids and hoists. The falls walking stick for December 2020 was reviewed. The manager advised this visual method provides useful monitoring information regarding the monthly resident falls audit.

We reviewed accidents/incidents records from 25 August 2020 to 6 December 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 7 October 2020 to 12 November 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Two staff members commented:

"I've worked here for four years and enjoy my job. It's a good team and I've no concerns."  
 "I love it here and I love the residents. The manager is approachable and we have good training."

One staff questionnaire was returned with the following comment:

"I find support from management is fantastic as they are always visible and available to all staff."

### Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, the use of personal protective equipment (PPE), in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, risk management, management of accidents/incidents and communication between patients, staff and other professionals.

### Areas for improvement

One new area of improvement was identified regarding infection prevention and control (IPC) to ensure that notices displayed in the home are laminated.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and regarding the use of Personal Protective Equipment. Measures had been put in place in relation to Infection Prevention and Control, to keep residents, staff and visitors safe in order to adhere to the Department of health and the Public Health Agency guidelines.

Correspondence received from the manager on 18 December 2020 advised that all signs and posters have been laminated and that all residents' toiletries and creams have been removed from the identified cupboards in communal bathrooms.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynn McQuillan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

## **7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure toiletries, creams, equipment, gloves and aprons are not stored in communal bathrooms.</p> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Home Manager ensured that all toiletries, creams, equipment, gloves and aprons were removed and all staff were spoken to for assurance of these products not to be sitting out in communal bathrooms. All items were removed on 18.12.20 and an email was sent to the RQIA Inspector stating this was completed</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed:</b> Immediate action required	<p>The registered person shall ensure that infection prevention and control issues regarding notices displayed throughout the home are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Home Manager has removed all paper notices and laminated these in line with the Infection Control Policy. An email was sent to The RQIA Inspector stating this was completed on 18.12.20</p>

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



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