

Unannounced Care Inspection Report 21 September 2017



Newcroft Lodge

Type of Service: Residential Care Home
Address: 126 Church Road, Holywood, BT18 9BY
Tel No: 028 9042 4614
Inspector: Kylie Connor

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 32 residential places and three day service places that provides care for adults living with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Mr Hugh McGaughey	Registered Manager: Samuel McMahon
Person in charge at the time of inspection: Seaneen MacCarthy, senior care assistant	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 32 03 day service places

4.0 Inspection summary

An unannounced care inspection took place on 21 September 2017 from 10:20 until 16:00.

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

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

Evidence of good practice was found in relation to training, staff supervision, the home's environment, communication between residents, staff and other key stakeholders and the culture and ethos of the home.

Areas requiring improvement were identified in regard to arrangements to hold open fire doors and developing a care plan for persons with diabetes.

Residents and their representatives said that they were happy with the standard of care, the quality of the food, activities, communication and the environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Seaneen MacCarthy, senior care worker, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 11 residents, three care staff, one ancillary staff and two residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction record for one new staff
- Staff supervision and annual appraisal schedules/records
- Staff training schedule/records
- Three residents' care records
- Minutes of recent staff meetings
- Compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Minutes of residents representatives' meeting
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A range of policies and procedures
- Activity records.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 15 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of an identified resident's care records and the care records of two other residents.	
Area for improvement 1 Ref: Standard 11.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Staff advised that action was taken following the previous inspection and that the identified resident no longer lives in the home.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The person in charge advised 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 rota evidenced that it accurately reflected the staff working within the home.

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

Staff advised that mandatory training, supervision and appraisal was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the person in charge and staff reflected 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.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incident notifications, care records and complaint records and discussion with the registered manager following the inspection evidenced 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.

The person in charge advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge 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 person in charge advised that there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and pressure alarm mats. Discussion with the person in charge regarding such restrictions provided assurance that these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The person in charge advised that there were risk management policy and procedures in place. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices provided assurance that these were appropriately maintained and reviewed for example, fire safety.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice identified that staff adhered to IPC procedures.

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 in communal facilities in the home in both written and pictorial formats.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust 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. The inspector advised that consideration should be given to improving the décor in communal areas with consideration given to hanging pictures and improving the format of the menu on display. The person in charge advised that there are plans to involve residents in creating pieces of artwork to be displayed throughout the home.

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. The home had recently had a BBQ to celebrate the opening of the renovated courtyard. It was observed to have seating and raised planters and residents spoke of their satisfaction with the improvements made.

One hazard was identified and this pertained to the wedging of an office fire door and a staff room fire door. The inspector stated that fire doors must not be wedged open and should fire doors require to be held open, consideration should be given to installing a swing free hold open device linked to the fire alarm. An area for improvement was identified and action is required to comply with the legislation.

The home had an up to date fire risk assessment in place dated 23 January 2017 and a number of recommendations were noted to have been addressed. The person in charge advised that all recommendations had been actioned and that she would request that the registered manager update the record to evidence this. Following the inspection, the registered manager advised the inspector that: all recommendations had been addressed or action had been taken to address; the fire risk assessment had been updated to evidence this. Review of staff training

records evidenced that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “It’s (the induction) been quite good, very informative. (staff members) answer all questions and (the registered manager) too has been fantastic.”
- “It’s (supervision) every two months.”
- “It’s (handovers) good.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal, infection prevention and control, risk management and the home’s environment.

Areas for improvement

One area for improvement was identified in regard to the practice of wedging open two identified fire doors.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

A review of three care records evidenced that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. While care plans noted when a resident was diagnosed with diabetes, a diabetes management care plan was not in place as recommended in the Public Health Agency (PHA) Best Practice Guidance for the management of diabetes in nursing and residential homes, February 2017. An area for improvement was identified and action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. 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 demonstrated that a person centred approach underpinned practice.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The person in charge advised 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 person in charge and staff advised 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 representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, evidenced that referral to other healthcare professionals was timely and responsive to the needs of the residents. The person in charge advised that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff and a resident's representative spoken with during the inspection made the following comments:

- "On the whole it's (team-working and communication) very good." (staff)
- It's (standard of care) pretty good, they are happy enough. (resident's representative).

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to developing a care plan for the management of diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The person in charge advised 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.

Discussion with staff and residents evidenced that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff evidenced that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with the person in charge, staff and residents evidenced 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 were knowledgeable in how to promote residents' rights, independence and dignity. They were able to demonstrate how residents' confidentiality was protected.

Discussion with the person in charge and staff evidenced that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives advised 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. Staff, for example, spoke of the importance of conversation, of residents' meetings, residents' representatives' meetings and annual reviews. A representatives' training event was scheduled to take place on the evening of the inspection. The person in charge advised that the registered manager was delivering training to residents' representatives in regard to person centred dementia care. This is to be commended.

Residents are consulted with, at least annually, about the quality of care and environment. The person in charge advised that such a consultation was currently taking place. The report and action plan developed as a result of this consultation may be reviewed at a future inspection.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Examples provided included, gardening, singing, dancing, parties and quizzes. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents and staff spoke of trips to local places of interest including the Ark Farm, Mount Stewart and the Ulster Folk and Transport Museum. Staff and representatives spoke of residents' representatives being invited to special events, for example the recent BBQ to celebrate the opening of the renovated courtyard. Staff spoke of a planned activity day taking place in the home during October, facilitated by staff from a local business.

Residents spoken with during the inspection made the following comments:

- "They (the staff) are very efficient. They are kind."
- "It's (the environment) perfect."
- "It's a lovely home. I come on a day basis and I thoroughly enjoy it."
- "They had an opening of the garden a few weeks ago. It was a big party and it went on all day, plenty to eat and drink. We had the chief constable here. It was a good fun day."
- "It's up to yourself if you want to join in (with activities) or not."

Staff spoken with during the inspection made the following comments:

- "They (the staff team) get on very well with the residents."
- "One of the girls is doing a quiz right now."
- "It's (the standard of care delivered) very good."

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The person in charge 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.

The person in charge advised that there was a range of policies and procedures in place to guide and inform staff. Policies were retained in a manner which was easily accessible by staff.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff evidenced that they were knowledgeable about how to receive and deal with complaints.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events evidenced that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included care reviews and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to their role and responsibilities. The person in charge advised that she had recently completed training in effective management and that other staff were scheduled to complete training in recruitment and selection and training in quality assurance.

Since the date of the last inspection, only two monthly monitoring reports of visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland)

2005 were available for inspection. Following the inspection the registered manager advised of the dates of visits undertaken and advised that reports had been received but had not been filed. Assurances were given by the registered manager that the records would be kept up to date.

There was evidence of managerial staff being provided with additional training in governance and leadership. The person in charge spoke of how supportive the registered manager is of staff who are interested in improving their expertise in these areas. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The person in charge advised that the registered provider's representative was kept informed regarding the day to day running of the home.

The person in charge advised that the management and control of operations within the home was in accordance with the regulatory framework. During an inspection of the premises, the RQIA certificate of registration was observed on display at the entrance to the home.

Review of governance arrangements within the home and the evidence provided within the returned QIP evidenced that the registered provider responds to regulatory matters in a timely manner.

Discussion with the person in charge and the registered manager following the inspection provided assurance that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that they would 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.

Staff spoken with during the inspection made the following comment:

- "It's (management support) very good."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Seaneen MacCarthy, senior care assistant and with Sam McMahon, registered manager following the inspection 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 further 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 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.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27. - (4) (b) (d) (i) Stated: First time To be completed by: 1 November 2017	<p>The registered person shall ensure that fire doors are not wedged open. Consideration should be given to installing a hold open device linked to the fire alarm, where doors are required to remain open for operational purposes.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager can confirm this practice has now ceased and a costing will be sought from the trusts estates department regarding the fitting of hold-open devices as necessary.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 20 October 2017	<p>The registered person shall ensure that a care plan is developed for the management of diabetes.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A procedure exists for the management of diabetes; careplans have been developed for clients with both hypo and hyper, these careplans are validated by our specialist diabetes nurses; the manager will ensure that all team leaders are aware of the procedures and careplans. A senior staff meeting has been arranged for November 14th 2017 to address any deficits around team leaders knowledge.</p>

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



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