Inspection Report

22 August 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:** Mrs Demi McKee – not registered
Person in charge at the time of inspection: Mrs Demi McKee	**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:** 28
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 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 22 August 2024, from 9.15 am to 5.45 pm by two care inspectors.

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 warm and welcoming. Residents were seated comfortably in communal spaces across the home or in their bedrooms, dependent on their preferred choice.

Residents who were able to make their wishes known told us they enjoyed residing in the home and provided positive feedback about the care they received. Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings. Comments shared by residents regarding activities are discussed in the main body of the report.

Staff generally provided positive feedback about their experiences working in the home. It was evident that staff promoted the dignity and well-being of residents, and care was delivered in a caring and compassionate manner. Staff demonstrated they were knowledgeable and well trained to deliver safe and effective care.

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

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mrs Demi McKee at the conclusion of the inspection.

4.0 What people told us about the service

Residents who were able to make their wishes known provided positive feedback about their experiences of residing in the home. Comments made by residents included; "the staff are all very good" and "it's a very quiet and calm place." Another resident said, "the staff are brilliant, lovely. I couldn't say a bad word." Comments regarding the variety of food were shared with the manager for review and action as appropriate. Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Staff generally provided positive feedback about working in the home. Some of the comments shared by staff included; “things have been great” and “the residents are very well cared for here.” Other comments made by staff were shared with the manager for review and action as appropriate.

Visitors who were in the home provided positive feedback about the care their relatives had received. Comments included; “we could not have asked for better for our mum” and “the care is brilliant.”

The online smart survey was completed by two relatives/visitors, 11 staff members and one visiting professional. The feedback received from all respondents generally indicated they were satisfied that the care in the home was; safe, effective, compassionate and well led. Comments included: “my mother’s quality of life has dramatically improved since admission. The activity programme provided is exceptional” and “I love coming to work and enjoy working with the residents.”

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 11 January 2024		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure that robust systems are in place for the management of medication dosage changes.	**Carried forward to the next inspection**
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 **Ref:** Regulation 13 (1) (a) & (b) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) and (v) **Stated:** First time	The registered person shall ensure the practice of wedging or propping fire doors is ceased immediately.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been met. However, a new area for improvement was identified relating to the monitoring arrangements of fire doors. This is discussed further in section 5.2.3 and 6.0.	
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:** Second 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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 22 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard N10 **Stated:** First time	The registered person shall ensure a system is in place to ensure call point buttons are replaced in a timely manner.	**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. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There was evidence of a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this system evidenced those staff required, were registered appropriately.

There were systems in place to ensure staff were trained and supported to do their job. A discussion took place with the manager regarding Deprivation of Liberty Safeguards (DoLs) level 3 training, the manager provided assurances this has been arranged for the staff required to attend. This will be reviewed at a future inspection.

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 management. Comments regarding staffing levels were shared with the manager for review and action as appropriate.

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 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.

There was evidence of systems in place to ensure staff were supported to complete annual appraisals and personal development plans. Competency and capability assessments were completed with staff were required.

There was evidence of supervisions completed with staff on a regular basis, these were not always signed off appropriately. This will be reviewed at a future inspection.

5.2.2 Care Delivery and Record Keeping

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.

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.

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.

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.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referrals as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service or their GP.

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; 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 that they enjoyed.

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. A discussion took place with the manager regarding the identifiers in place for those residents who received a modified diet. The manager agreed to review and action as appropriate. This will be reviewed at a future inspection.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

The daily menu was on display; a discussion took place with the manager regarding the current format of the menu. The manager provided assurances this was under review to ensure this was meaningful for residents within dementia. This will be reviewed at a future inspection.

There was evidence that a system was in place to monitor residents' weights and appropriate intervention implemented as required.

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

Residents' needs were assessed at the time of their admission to the home. However, there was not always evidence of assessments having been completed prior to resident's admission to the home. A discussion took place with the manager and an area for improvement was identified.

Assessments were completed for residents following admission to the home, however one of the care files reviewed evidenced that these were not always holistic to provide an overall assessment of the residents need. A discussion took place with the manager and assurances were provided that these have been reviewed and updated for the identified resident. This will be reviewed at a future inspection.

Care plans were developed following an assessment of resident's needs, however there was evidence that further personalisation was required for residents with a DoLs in place. A discussion took place with the manager and an area for improvement was identified.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, neat and tidy. The home was bright and welcoming, spacious and free from obstruction. There was evidence of some areas of the home appearing worn and tired, for example; paintwork, woodwork and bedroom doors. The issues identified with the woodwork would not allow for these to be effectively cleaned. The manager confirmed there are ongoing discussions with the SEHSCT senior management to plan for refurbishments across the home. An area for improvement was identified.

Bedroom areas were personalised with items important to the resident. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. The manager confirmed there are plans in place for a review of the environment to ensure this promotes a dementia friendly environment for the residents residing here.

Foam washes and toiletries were stored in communal areas across the home. There was also evidence of toiletries accessible in resident's bedrooms. A discussion took place with the manager regarding the need to undertake a risk assessment of the safe storage of toiletries and prescribed creams given the potential risk these pose to residents. An area for improvement was identified.

Residents, relatives and staff commented that the home was kept clean, neat and tidy.

A fire risk assessment was completed in the home on 16 November 2023 by an accredited fire risk assessor. During the previous inspection to the home an area for improvement was made to cease the propping open of fire doors. Whilst this area for improvement has been complied with to ensure that the improvements made with staff practice are sustained and embedded into practice the operation of fire doors should be closely monitored by the manager. This was identified as an area for improvement.

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 personal protective equipment (PPE) had been provided.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. A discussion took place with the manager to ensure were deficits were identified during hand hygiene audits that an appropriate action plan was implemented and reviewed to ensure these are addressed. This will be reviewed at a future inspection.

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 with family/friends in their room or one of the lounges, could go out to church, local shops or other activities in the community.

There was evidence of regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

An activity schedule was in place, it was observed that this was not in a suitable format for residents to access, the manager confirmed there are plans in place to review the activity schedule to ensure this is in a suitable format. This will be reviewed at a future inspection. The activities identified on the schedule included: ball games, knitting, china tea, card games and gardening.

There was mixed feedback provided by residents regarding activities. The staff in the home advised planned activities can be difficult to co-ordinate when there are staff shortages, however playing music and spending one to one time with the residents is maintained during these periods. These comments were shared with the manager for review and action as appropriate.

There was evidence of records maintained to evidence the activities facilitated, however these did not always clearly detail; the staff facilitating the activity, the full name of residents in attendance and their engagement. A discussion took place with the manager and an area for improvement was identified.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Demi McKee has been the manager in the home since 20 November 2023.

There was evidence that a 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 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.

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.

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

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and 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. A discussion took place with the manager to ensure these visits are completed at least monthly. The reports of these visits are available for review by residents, their representatives, the Trust and RQIA.

6.0 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*	4

* the total number of areas for improvement includes one regulation that has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Demi McKee (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 (12 May 2022)	The registered person shall ensure that robust systems are in place for the management of medication dosage changes. Ref: 5.0
	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 14 (2) (c) **Stated:** First time **To be completed by:** From the date of inspection (22 August 2024)	The registered person shall ensure that the storage of toiletries is risk assessed and any identified risks to residents appropriately managed. Ref: 5.2.3
	Response by registered person detailing the actions taken: 0Appropriate locked storage in place in communal bathrooms for toiletries. Each individuals toiletries remain in bedrooms on high shelf in wardrobe. Residents are assessed individually and wardrobes locked if deemed necessary.
Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** From the date of inspection (22 August 2024)	The registered person shall implement a system to monitor the operation of fire doors to ensure that the improvements made with staff practice are sustained and embedded into practice. Ref: 5.2.3
	Response by registered person detailing the actions taken: Manager has placed signage in Laundry regards fire doors remaining closed. Fire doors added to weekly spot check and managers daily check. Discussed with all staff working in this area to ensure this is embedded into practice.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 3.4 **Stated:** First time **To be completed by:** From the date of inspection (22 August 2024)	The registered person shall ensure that a pre-admission assessment is completed prior to any resident being admitted to the home. These must be recorded, dated and signed. Ref: 5.2.2
	Response by registered person detailing the actions taken: A referral form has been updated for facility including indentifying that the appropriate assessments have been received as well as ensuring that the individual falls under the appropriate category of care. This is now in use within the facility.
Area for improvement 2 **Ref:** Standard 6.2 **Stated:** First time	The registered person shall ensure that resident's care plans for DoLs are written with sufficient detail to meet the resident's needs. Ref: 5.2.2

To be completed by: 19 September 2024	**Response by registered person detailing the actions taken:** All care plans have been updated to reflect more detail regarding DOL including reference to Form 4 care plan and where this can be accessed on Encompass.
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 27 September 2024	The registered person shall submit a rolling refurbishment plan to RQIA outlining the plans for repairs and timeframes relating to: • paintwork • woodwork • bedroom doors Ref: 5.2.3
	Response by registered person detailing the actions taken: Manager has liased with Estates department and Estates are creating a refurbishment plan
Area for improvement 4 **Ref:** Standard 13.9 **Stated:** First time **To be completed by:** 19 September 2024	The registered person shall ensure that the activity records clearly evidence: • the person leading the activity • the names of the residents who participate. Ref: 5.2.4
	Response by registered person detailing the actions taken: A new document has been created and is now in use by staff ensuring that all relevant documentation is recorded following completion of each activity.

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

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