



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 January 2019



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 provider 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 places that provides care and accommodation for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Sam McMahon
Person in charge at the time of inspection: Sam McMahon, registered manager.	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 32 – RC – DE 3 places for day service

4.0 Inspection summary

An unannounced inspection took place on 23 January 2019 from 12.05 to 17.00.

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 sought to assess progress with issues raised during the previous care inspection.

The following areas were examined during the inspection:

- Meals and mealtimes
- Consultation with residents, their relatives and staff

Residents said that they enjoyed the food and activities and that they were happy living in the home.

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sam McMahon, registered 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.

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 18 June 2018.

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 the registered manager, seven residents, three care staff, the chef and three residents' relatives.

The following records were examined during the inspection:

- The menu
- Residents meal choice records
- Two residents care records
- Audits of mandatory training
- Supervision schedule
- Minutes of staff meetings
- Minutes of resident/relative meetings
- Reports of registered provider visits

Areas for improvement 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 18 June 2018

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 18 June 2018

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
Area for improvement 1 Ref: Regulation 30 (1) (b) Stated: First time	The registered person shall ensure that notification is submitted to RQIA regarding any outbreak of infection within the home.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of notifications submitted and discussion with the registered manager who had made a retrospective notification following the previous care inspection and gave assurances that this delay would not re-occur.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that fire safety equipment checks are documented in the same format as fire alarm checks undertaken.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of records of fire safety equipment checks.	

6.3 Inspection findings

Meals and Mealtimes

The lunch-time meal was observed. Staff provided assistance and encouragement to inform residents that lunch was ready and to make their way into the dining room. Residents appeared to be looking forward to the meal which was provided at a conventional time. There was a relaxed and friendly atmosphere as residents took their seats in the dining room.

The dining room was clean and well lit and there was sufficient space between tables to afford residents and staff ease of movement. The tables were set with condiments and table cloths which improved the overall ambience of the room and experience for residents.

Discussion with the chef, staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.

Discussion with the chef and staff confirmed that they were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) when information had been disseminated to staff and training had been delivered in October 2018. A colour IDDSI chart was on display at the service hatch between the dining room and kitchen. The chef reported that at present frozen textured meals are supplied to the home until the chef completes further training arranged for 11 February 2019 and receipt of specialist equipment to enable the chef to make textured 'fresh' textured meals. The registered manager reported that a senior care staff would receive additional training and act as an IDDSI 'champion'.

The lunch consisted of mashed potato, sausage, turnip and peas with semolina and stewed apple for dessert, which reflected the menu. The chef reported that variations are accommodated and reported that one resident had received corned beef today as an alternative to the sausages; the inspector observed staff offering a resident custard as an alternative dessert. The chef confirmed that a choice is also offered to those on therapeutic or specific diets. The chef reported that there is good communication between care staff and kitchen staff in regard to changes in residents' dietary requirements or health.

Observation of staff and residents during the serving of the lunch evidenced that staff and the chef were knowledgeable of residents' likes and dislikes and preferences in regard to suitable portion sizes. The lunch was presented in a way and in a consistency that met each resident's needs. Residents were offered a choice of cold drinks and ate at their own pace. There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance.

Staff providing assistance were attentive and demonstrated a good person centred approach and compassion in their manner. Throughout the lunch, staff discretely prompted residents, sought feedback from residents about their meal and offered more drinks and 'seconds'.

The daily menu was displayed in the dining room in large print, so that residents and their representatives know what is available at each mealtime. Discussion with staff, the chef and residents confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff and the chef confirmed that menus and snacks are provided for special occasions for example, Easter, Christmas, birthdays and activities such as the luncheon club or high tea events.

Discussion with the registered manager and review of an action plan evidenced that residents were consulted with and their views taken into account regarding the menu. Residents had said that they enjoyed 'chippy nights' and the menu had subsequently been reviewed to reflect and cater for this.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident was satisfactory.

Discussion with staff and a review of two residents' care records confirmed that residents' weight is monitored at suitable intervals. Where a resident's appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home.

Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. The registered manager confirmed that the home is well supported by dieticians. One care records evidenced that risk assessments and care plans were in place in regards to nutrition. One care plan did not have sufficient detail in regard to behaviours that challenge and an area for improvement was made under the standards.

Discussion with the chef confirmed that menus are rotated and revised at least six monthly, taking into account seasonal availability of foods and residents' views. The chef reported that the menu would be revised at the end of March 2019 to reflect the spring season.

Areas of good practice

There were examples of good practice found in regard to the knowledge of staff and their delivery of compassionate care.

Areas for improvement

One area for improvement was identified in regard to a care plan for the management of behaviours that challenge.

	Regulations	Standards
Total number of areas for improvement	0	1

Consultation with residents and their representatives and with staff during the inspection

Residents confirmed that staff were polite, kind and caring. They spoke positively about the quality and variety of the food and of the activities in the home. Residents confirmed that the home is kept clean and tidy and that their bed is comfortable.

Comments received included:

- "It's lovely here."
- "They (staff) are here to help you if you want it."
- "There is plenty (to eat and drink) it tastes good."
- "There is lots (of activities) going on."

Discussion with residents' relatives confirmed that they were satisfied with the standard of care their relative receives, with the prompt actions taken by staff and communication with families and with the overall standard of cleanliness and décor within the home.

Comments received included:

- "It's very clean and fresh and they have a five star rating (Food Hygiene Rating Scheme) and the staff are very, very friendly."
- "I noticed they go to church and have bingo and go out on outings. There is something nearly every day."
- "There is plenty of effort put in by staff to keep everyone entertained. The activities at Christmas were well organised and entertaining for everyone (including visitors)."

Discussions with staff confirmed that staffing levels were appropriate to meet the needs of residents. Staff reported that they were supported through regular supervision, that mandatory training was provided and that communication at handovers and staff meetings were 'very good'.

Comments received included:

- “It’s (staff meetings) a good place to ask questions.”
- “I love the activities here, the residents love it. The luncheon clubs have gone off a storm!”
- “We have regular bank staff and they know all the residents.”
- “We treat residents with dignity and respect, like we would like our parents to be treated.”

A review of minutes of residents/relatives meetings and reports of visits by the registered provider confirmed that residents were consulted about their lifestyle in the home. The inspector advised that the previous action plan should be reviewed during each registered provider visit. The registered manager gave assurances that this would be followed up.

Areas of good practice

Areas of good practice were identified in regard to listening to residents and taking account of residents’ views, communication with relatives and in regard to the activity programme.

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 Sam McMahon, registered 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2019</p>	<p>The registered person shall ensure that care plans are sufficiently detailed to specify how behaviours that challenge present and how staff should respond to ensure consistency of approach.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure a system is in place to review the detail of careplans and will ensure they are completed appropriately</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)