



The Regulation and
Quality Improvement
Authority

Newcroft Lodge
RQIA ID: 1009
126 Church Road
Holywood
BT18 9BY

Inspector: Kylie Connor
Inspection ID: IN23768

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**Unannounced Care Inspection
of
Newcroft Lodge**

25 September 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 25 September 2015 from 12.15 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This was in respect of consistency in recording of activities undertaken in the home. The registered manager agreed to follow-up on two areas pertaining to the allocation of administrative tasks and the submission of a variation application to the Authority.

This inspection was undertaken following receipt of an anonymous complaint made in regard to low staffing levels and inadequacy of activity provision within in the home. An inspection was undertaken to consider if there had been a breach in the Residential Care Homes Regulations (Northern Ireland) 2005. The complaint was unsubstantiated and we confirmed that there had not been a breach in regulation.

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

1.1 Actions/enforcement taken following the last inspection

There were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Samuel McMahon, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Service details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust/ Mr Hugh Henry McCaughey	Registered Manager: Mr Samuel David McMahon
Person in charge of the home at the time of inspection: Mr Samuel David McMahon	Date manager registered: Registered from 2005 with RQIA
Categories of care: RC-DE	Number of registered places: 32
Number of residents accommodated on day of inspection: 25	Weekly tariff at time of inspection: £470

2. Inspection focus

The inspection sought to: assess progress with the issues raised during and since the previous inspection; to follow-up on issues raised by an anonymous complainant in regard to low staff levels and lack of activity provision in the home and to make a determination if the following standard had been met:

Standard 25 The number and ratio of management and care staff on duty at all times meet the care needs of residents

3. Methods/ process

Prior to inspection we analysed the following records: the information reported to us from an anonymous complainant; staff rosters submitted to us by the home for the period 1 August 2015 to 17 September 2015; a report submitted to us from the registered manager in regard to staffing levels and activity provision in the home.

During the inspection we met individually with eight residents. We also met with the registered manager, three care staff and two ancillary staff.

We inspected records including minutes of seven staff meetings undertaken during 2015; one care staff work schedule dated 24 September 2015; activity records; the daily staff team displayed at the entrance to the home; a staff supervision schedule and activity records.

4. The inspection

4.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 6 May 2015. The completed report was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection

The previous care inspection resulted in no recommendations or requirements being made.

4.3 **Standard 25:** The number and ratio of management and care staff on duty at all-time meet the care needs of residents.

Is care safe? (Quality of life)

Staffing levels at the time the unannounced inspection commenced consisted of, the registered manager, one senior care assistant, five care assistants, two ancillary staff, one cook and one kitchen assistant. One senior care assistant and two care assistants were rostered to work the night shift. The registered manager reported to us that the morning staffing compliment allowed for a number of residents to attend a coffee morning and also for a morning group activity to take place.

Staff reported to us that when occasionally there are three care assistants on shift in the morning, it is very busy but residents' needs could be met as long as this is not 'prolonged or consistent.' Staff confirmed that difficulties arise if this coincides with resident illness. The registered manager confirmed to us that every effort is made to cover the shifts as a result of absence of staff.

Following an inspection of the duty roster, discussions with staff, residents and the registered manager we confirmed that staffing levels were appropriate to meet the needs of residents. The duty roster detailed staff working over a 24 hour period and the capacity in which they worked.

Staff including the registered manager confirmed to us that they provide additional cover when required and that trust bank staff are used to ensure continuity of care.

Discussions with the registered manager confirmed that there are a number of staff absent from work at present. The registered manager reported to us what action had been taken to ensure that there was adequate staffing levels maintained within the home. The registered manager confirmed that he is supported by the services manager and the human resources department in this regard.

We inspected the duty roster and through our discussions with staff confirmed that there was a senior member of staff in charge of the home at all times.

Is care effective? (Quality of management)

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability at all times.

In our discussions with staff, they confirmed to us that time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability. Staff reported that regular staff meetings take place. An inspection of minutes of staff meetings undertaken during 2015 and through discussions with the registered manager we confirmed that staff meetings take place at least quarterly.

The registered manager and senior care staff reported to us that resident occupancy levels within the home are being managed in line with current staffing levels and staff absence. The registered manager reported to us that four senior care assistants commenced work in the home during June and August 2015.

Staff reported to us that they received supervision and training on a regular basis. Following and inspection of staff supervision completed during August and September 2015 we confirmed that 13 staff had received supervision.

Staff reported to us that the level of ancillary service provision is less at the weekend compared to a week-day. Staff stated that the work completed by ancillary staff at the weekend was not consistent. The registered manager confirmed to us that he meets with the supervisor regularly and that the last audit completed on Monday 21 September 2015 achieved 98 percent. There is no administrative staff position within the home. Following discussions with the registered manager, he agreed to review the allocation of administrative tasks amongst the staff team.

Is care compassionate? (Quality of care)

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were friendly, warm and supportive. Through our discussions with staff, we confirmed that there was a person centred focus in the provision of care and support to residents. Residents confirmed to us that staff are kind, caring, polite and approachable.

Care duties were carried out at an unhurried pace. A relaxed and welcoming atmosphere was in place within the home.

Areas for improvement

The complaints in regard to low staffing levels have not been substantiated. No areas for improvement were identified. The registered manager agreed to follow-up and review the allocation of administrative tasks amongst the staff team.

Number of requirements	0	Number recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met individually with seven residents who were sitting in the living rooms. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "Everything is all good and that is it in a nutshell."
- "Yes, they are very helpful."
- "We sit and sing in here."

- “Whatever is on, I’ll join in.”

5.4.2 Staff views

We met with three care staff, two ancillary staff and the registered manager. The staff spoke positively about their role and duties, staff morale, teamwork and managerial support.

Some comments included:

- “There is a good routine. Staff are always friendly and pass on information. There is very good communication.”
- The registered manager is very approachable and we can raise issues... (we are) listened to and our opinion is valued.”
- “I’ve seen them (residents) out in the garden. I was here one day when they had a BBQ. They have a sing song and they like that.”
- “I have a clock that’s called melody in motion. I took it round this morning and showed it to all the residents, when I had 10 minutes.”

5.4.3 Environment

Following an inspection of the environment, we confirmed that the home was clean, tidy and all areas were decorated to a good standard. The registered manager reported to us that improvements had been made. These included provision of a cinema room in what was the staff sleep-over room. We advised the registered manager of the necessity to submit a variation application to the Authority without delay. The registered manager gave assurances to us that he would follow this up immediately.

The registered manager confirmed that action had been taken to request the provision of suitable storage in communal bathroom/toilet facilities.

5.4.4 Activity provision

An anonymous complaint was made in regard to the lack of activity provision in the home.

Staff and the registered manager reported to us that three residents had attended a coffee morning earlier that day. Staff reported to us that a ‘parachute activity’ had taken place that morning, lasting 20 to 30 minutes with 12 residents. The registered manager reported to us that there are plans to create raised beds in the garden with the assistance of volunteers.

Staff confirmed to us that activity provision ‘was always quite good’. Staff stated that informal conversations with residents take place on a regular daily basis instead of an organised group activity. Through our discussions with staff we confirmed that there was variety of activities and residents had the choice whether to participate or not.

Discussions with staff and a review of the shift planner for that day confirmed to us that for each shift, there is a member of staff responsible for the delivery of activities. Following a review of activity records and discussions with staff we confirmed that a record is not made of all activities which take place. We made a recommendation in respect of this. In discussion with senior staff and the registered manager, the activity record template was improved to support ease of completion and strengthen governance arrangements.

Staff and the registered manager reported to us that an activity with residents' and representatives to complete memory boxes for each resident was being completed. The registered manager informed us that a new staff member with relevant experience and qualifications had been given the role of developing a dementia activity programme.

Through our discussions with staff we confirmed that staff were knowledgeable of and took into account residents' preferences, interests, routines, likes and dislikes in regard to activity provision. Staff displayed an understanding of the importance of encouraging and promoting residents' independence in every aspect of daily living.

A room and corridor had recently been decorated to provide a cinema experience for residents. This work is commended. The registered manager informed us that there had been a change of use to a store. We advised of the necessity to submit a variation application in regard to these environmental changes.

The complaint in regard to the lack of activities provided for residents was not substantiated.

Areas for improvement

We identified one area for improvement in regard to recording activities which take place. The registered manager agreed to submit a variation application without delay.

Number of requirements	0	Number recommendations:	1
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6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Samuel McMahon, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 13.9 Stated: First time To be completed by: 1 December 2015	The registered person should ensure that a record is kept of all activities that take place, including the person leading the activity, the duration and the residents who participate or who observe the activity.		
	Response by Registered Person(s) detailing the actions taken: Actioned. New form in place.		
Registered Manager completing QIP	Sam McMahon	Date completed	27.10.15
Registered Person approving QIP	Hugh McCaughey	Date approved	29.10.15
RQIA Inspector assessing response	Alice McTavish	Date approved	19/11/15

**Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address.*