



The Regulation and  
Quality Improvement  
Authority

Northfield House  
RQIA ID: 1010  
3 Church Lane  
Northfield Road  
Donaghadee

Inspector: Bronagh Duggan  
Inspection ID: IN022295

Tel: 028 9188 2509  
Email: [angela.cartwright@setrust.hscni.net](mailto:angela.cartwright@setrust.hscni.net)

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**Unannounced Care Inspection  
of  
Northfield House**

**19 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7500 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 19 November 2015 from 11.00 to 17.00. On the day of the inspection the home was found to be delivering safe and compassionate care. Some areas have been identified to ensure care is delivered more effectively. Two requirements from the previous care inspection relating to hours worked being reflected on the duty roster and the completion of reports under Regulation 29 have been stated for a second time. Two recommendations were made during this inspection. These related to care plan information and the maintenance of daily records. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	2

The details of the QIP within this report were discussed with Mary Dancklefsen, senior carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust	<b>Registered Manager:</b> Angela Cartwright
<b>Person in charge of the home at the time of inspection:</b> Mary Courtney AM/Mary Dancklefsen PM	<b>Date manager registered:</b> 08/09/2009
<b>Categories of care:</b> RC-LD, RC-I, RC-MP, RC-MP(E), RC-PH, RC-PH(E), RC-A, RC-SI, RC-TI	<b>Number of registered places:</b> 41

<b>Number of residents accommodated on day of inspection:</b> 11	<b>Weekly tariff at time of inspection:</b> £470 per week
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### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 10 residents, four care staff, and one resident's visitor/representative. We distributed a total of 20 satisfaction questionnaires to residents and staff. We received nine completed and returned resident questionnaires and eight completed and returned staff questionnaires.

The following records were examined during the inspection:

- Three care records
- Relevant policies and procedures
- Staff training records
- Accident and incident records
- Fire safety risk assessment
- Monthly monitoring reports
- Staff duty roster.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 15 August 2015. The completed QIP was returned and approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref: Regulation 20.-</b> <b>(1)</b>	The registered person should undertake a review of the staffing levels in the home to ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and	Met

	welfare of the residents.	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Through discussions with the staff members on duty and inspection of the staff duty roster we can confirm that this has been completed.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16.- (2) and standard 6.6</p>	<p>The registered person shall ensure the residents receive care as detailed in their care plan.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected the identified residents' care plan, this showed they were receiving the care as detailed in their care plan.</p>	
<p><b>Requirement 3</b></p> <p>Ref: Regulation 19.- (2) Schedule 4.7.</p>	<p>The registered person shall ensure a record of the duty roster accurately reflects the hours worked by all staff.</p>	Partially met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>We inspected the duty rota and observed improvements had been made in this area. However we noted that on 12 November 2015 the manager's hours were stated on the duty rota as being 9am- 5pm yet other records available in the home confirmed the manager was elsewhere on this date.</p> <p>This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	
<p><b>Requirement 4</b></p> <p>Ref: Regulation 29.- (4) (c) &amp; schedule 4 .5</p>	<p>The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.</p>	Partially met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Reports undertaken under regulation 29 were available for 31 July 2015, 9 October 2015 and 29 October 2015. These visits should be unannounced and undertaken on a monthly basis.</p>	

	This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.	
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### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The senior carer confirmed that there are currently only a small number of permanent residents living in the home. The majority of residents who access services at Northfield House do so for short term periods of rehabilitation following discharge from hospital. Within this report much of the discussion regarding dying and death relates to the circumstances of expected death. The senior carer confirmed dying and death is not frequently experienced in the home due to the small number of permanently placed residents. However it is acknowledged the event of a sudden death could affect permanent or short term residents in the home at any time.

In our discussions with the senior carer in charge she confirmed that residents can and have spent their final days in the home unless there are documented health care needs to prevent this.

The senior carer in charge confirmed the home works closely with outside agencies including the resident's General Practitioner, district nursing services and other professionals involved in the resident's care. In our discussions with staff they confirmed that any changes in the resident's condition would be closely monitored, reflected in their evaluation care records and documented in their care plan.

In our discussions with staff they spoke about their experiences of providing care to residents in the last weeks and days of life. Staff confirmed to us that they liaise closely with family members and keep them informed of any changes in their relative's condition. Staff confirmed that families were welcome to stay at the home and spend as much time as they may wish with their relative. Staff were aware of the need to maintain adequate nutrition and hydration of residents and ensure they are repositioned regularly to prevent skin breakdown.

We inspected three care records; these demonstrated that residents' needs were reviewed on a regular basis. Care plans and risk assessments were updated accordingly and reflected multi-disciplinary working to meet the needs of residents'.

The senior carer confirmed that spiritual support is available for residents on a regular basis.

#### Is care effective? (Quality of management)

The home had policies in place relating to death and the management of bereavement. These contained relevant information including who to contact, procedures to follow and recognition of individual's specific spiritual preferences at the time of death.

We inspected three care records. These included relevant information regarding residents' spiritual preferences. One of these contained the resident's specific wishes at the time of their death. Two others reflected the need to contact identified family members. We discussed this

issue with the senior carer in charge who confirmed that she had spoken with the two identified residents both of whom requested that their families would make appropriate arrangements.

In relation to handling the deceased resident's belongings the senior carer in charge confirmed that they are handled with care and respect. They confirmed that residents' next of kin are given the time they need to deal with this issue and support from staff is available if needed.

We reviewed staff training records these showed that a number of staff had completed training titled "Bereavement, dying and death". The senior carer in charge confirmed a further training session would be available for those staff members who had not yet completed the training.

### **Is care compassionate? (Quality of care)**

Staff confirmed to us that the needs of a dying resident would be met with a strong focus on dignity and respect. They confirmed that families were supported and given time and privacy to spend with their loved one. Staff also confirmed that hospitality is provided to family members when they visit the home to be with a family member during their final days.

In our discussions with the senior carer in charge she confirmed that following the death of a resident other residents would be informed in a sensitive manner and would have the opportunity to pay their respects if they so wish. This information was reflected in the homes policies relating to death and bereavement.

We observed a collection of thank you cards from families of past residents. These contained messages of praise and thanks for the care delivered to their relative during their time in the home.

### **Areas for improvement**

There were no areas of improvement identified for this standard. Overall this standard was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their individual continence needs. Staff were aware of the need to contact the continence service and make onward referrals if they noticed any change in residents' condition. Staff shared with us their understanding of what could contribute to a change in residents' continence needs. Staff were aware of infection prevention and control procedures in the home and confirmed there was a good supply of products including pads, aprons, gloves and hand washing dispensers available.

We inspected three care records, these reflected residents individual needs. Two records showed that two residents had continence assessments completed and included specific information in relation to skin care and the types of continence products required to meet their individual needs. We noted in one care record inspected some discrepancies' in relation to the continence needs of the identified resident. It was not clear from reading the records available

if the resident required assistance with their continence needs. This was discussed with the senior carer in charge. We made a recommendation that the care plan should clearly reflect the residents continence needs.

We observed adequate supplies of continence products, aprons, gloves and hand washing dispensers throughout the home.

### **Is care effective? (Quality of management)**

The home had a policy in place regarding the management of continence. Staff confirmed they had good working relations with the continence team and were regularly in contact regarding any changes or updates in relation to residents' needs. We inspected three care records, these showed regular input from the continence service.

Staff have completed training in continence management and training in infection prevention and control was found to be up to date.

### **Is care compassionate? (Quality of care)**

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. From our observations of general care practice we were satisfied that continence care is undertaken in a discreet and private manner for residents.

### **Areas for improvement**

We identified one area of improvement for this theme. It is recommended that the care plan should clearly reflect the individual continence needs of the identified resident. Overall this theme was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## **5.4 Additional areas examined**

### **5.4.1 Residents views**

We spoke with 10 residents' individually. We received nine completed residents' satisfaction questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "The staff are very good here, they are very helpful."
- "It is like home from home. Everyone is very kind."
- "This is a good place, food is good, staff are good, the home is clean. I can't say anymore."
- "I am happy here, I have all that I need. The food is great, my room is comfortable."
- "No complaints from me."

### **5.4.2 Relatives/representatives views**

We met with one visiting relative/representative. The comments from them included:

- “I can’t praise this place enough. The staff are very good, the care is very good. I have no complaints at all.”

#### **5.4.3 Staff views**

We spoke with four care staff and received eight completed staff satisfaction questionnaires. Staff confirmed to us that the staffing levels were currently sufficient to meet the needs of residents in the home. They also confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires showed positive feedback from staff in relation to the standard and theme inspected.

#### **5.4.4 General environment**

We undertook an inspection of the home including a number of residents’ bedrooms and communal areas. The areas of the environment viewed presented as clean and fresh smelling throughout. There were no hazards noted as a result of our inspection of the internal environment.

#### **5.4.5 Daily Records**

We inspected a range of daily records and noted a recent fall sustained by a resident was not recorded in their daily records. Information was only available following their admission to hospital as a result of the fall. The need to maintain records which reflect personal care and support provided including any changes in residents circumstances was discussed. We made a recommendation in this regard.

#### **5.4.6 Accidents and incidents**

We reviewed the accident and incident reports from the date of the previous inspection to the date of this inspection and found these to be appropriately managed and reported.

#### **5.4.7 Fire Safety**

An up to date fire safety risk assessment was in place. Fire safety checks and staff training were found to be up to date.

#### **Areas for improvement**

We identified one area for improvement from the additional areas examined. This related to maintaining records which reflect personal care and support provided including any changes in residents’ circumstances.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	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 Mary Dancklefsen, senior carer, 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 DHSSPS 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](mailto: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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19.-(2) Schedule 4.7.</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 November 2015</p>	<p>The registered person shall ensure a record of the duty roster accurately reflects the hours worked by all staff.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> This has been actioned.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29.-(4) (c) &amp; Schedule 4 .5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 19 December 2015</p>	<p>The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> This has been communicated to all Statutory Line Managers. All Monitoring Visits shall be unannounced.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2015</p>	<p>The registered manager must ensure that the identified resident's care plan clearly reflects their continence needs.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> The appropriate box has been ticked in the named Resident's Care Plan.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 November 2015</p>	<p>The registered manager must ensure records maintained reflect the personal care and support provided; including any changes in residents' circumstances.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> All accidents/incidents shall be recorded in the daily notes as well as the Contact Sheet (R3).</p>

<b>Registered Manager completing QIP</b>	Angela Cartwright	<b>Date completed</b>	18.12.15
<b>Registered Person approving QIP</b>	Hugh McCaughey	<b>Date approved</b>	21.12.15
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	22.12.15

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**