



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 September 2019



Northfield House

Type of Service: Residential Care Home
Address: 3 Church Lane, Northfield Road,
Donaghadee, BT21 0AJ
Tel No: 02891882509
Inspector: Heather Sleator

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

Northfield House is a residential care home registered to provide care to 41 persons assessed in the categories cited on the registration certificate. The home operates a rehabilitation scheme with the trust. The scheme provides care on a temporary basis to residents who have been ill to assist them to recover and return to their own home.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Seamus McGoran (acting)	Registered Manager and date registered: Glynis Ellison – acting application required
Person in charge at the time of inspection: Glynis Ellison	Number of registered places: 41
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years A – Past or present alcohol dependence. SI – Sensory impairment. TI – Terminally ill.	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 09.45 hours to 16.20 hours.

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.

Evidence of good practice was found in relation to the provision and training of staff, staff's attentiveness to residents and resident care. The environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of residents' needs and the planning of how these needs would be met. Residents were attended to by their GP and other healthcare professionals as they required. The delivery of care took into account personal choice and independence for residents. Staff were well informed of the needs of the residents and worked well as a team to deliver the care required.

We observed that residents were offered choice within the daily routine, that systems were in place to provide residents with a say in the day to day running of the home and that the activities provided had a positive impact on the residents. The activities programme was full and varied.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas for improvement were identified in relation to the environment, the control of substances hazardous to health (COSHH), fire safety and induction training for staff.

One regulation identified as an area for improvement at the previous care inspection of 5 June 2018 has been stated for a second time in this report.

Residents described living in the home as being in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Comments received from residents and staff are included in the main body of this report. One resident commented, "Staff are very attentive here, couldn't do enough for you."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	2

*The total number of areas for improvement includes one regulation which has been stated for a second time

Details of the Quality Improvement Plan (QIP) were discussed with Glynis Ellison, 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 inspection dated 27 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. No further actions were required to be taken following the most recent inspection on 27 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 19 August to 10 September 2019
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- staff recruitment and selection procedures, including induction
- two resident care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met and not 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 last care inspection dated 5 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 27 (2) (b) (c) Stated: First time	The registered person shall ensure areas identified in the environment are made good: <ul style="list-style-type: none"> • The carpet in identified lounges need replaced as they are threadbare and may pose a trip hazard • The rubber which runs along the platform for the washing machine and tumble dryer platform needs replaced • The identified bedroom furniture should be repaired and the varnish adequately maintained 	Met
	Action taken as confirmed during the inspection: The observation of the premises evidenced that the areas identified for improvement (detailed above) had been addressed.	
Area for improvement 2 Ref: Regulation 29 (3) Stated: First time	The registered person shall ensure monthly monitoring visits are undertaken as required to meet regulations.	Met
	Action taken as confirmed during the inspection: The review of documentation evidenced that the monthly quality monitoring reports for July and August 2019 were not available in the home. This regulation has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

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

Staffing levels within the home were reviewed with the registered manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked residents about the staffing levels and none expressed any concern. Several residents spoke positively about the home to the inspector, including comments such as:

- “Staff are brilliant.”
- “Couldn’t get better staff.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met. One staff member told the inspectors: “If anything needs sorted here we do it at the time....we’re a strong team.”

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation and a process of regular supervision and annual appraisal. Four staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the manager.

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. The review of two staff induction records did not evidence that the induction training record had been signed by the staff member and supervisor on completion of the training or that the record had been validated by the manager. This has been identified as an area for improvement.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

The manager explained that all staff recruitment records were retained at the South Eastern Health and Social Care Trust (SEHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set within The Residential Care Homes Regulations (Northern Ireland) 2005 and Department of Health (DoH) Residential Care Homes Minimum Standards 2011 were provided prior to new staff commencing duty.

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for residents within the home.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging.

Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. However, during the inspection we requested the monthly quality monitoring reports of June, July and August 2019. The reports of July and August 2019 were not available in the home. The Regulation 29 monthly monitoring visits and reports, undertaken on behalf of the registered provider were identified as an area for improvement at the previous inspection of 5 June 2018 and have been stated for a second time in this report as not all the reports were available for inspection.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Residents' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room appearing bright and welcoming to residents and visitors. However, there were some areas of the environment and the control of substances hazardous to health (COSHH) which required urgent attention. One of the sluice rooms was unlocked and cleaning agents were readily accessible. Cleaning agents must be stored safely in either a locked cupboard or a locked room when not in use in accordance with the guidelines on the control of substances hazardous to health. This has been identified as an area for improvement. It was also observed that a urinal was leaking in one of the bathrooms. This should be repaired and has been identified as an area for improvement.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

We also saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. Two issues arose regarding fire safety. The fire risk assessors report was dated March 2018 with a review date of April 2019. A number of recommendations had been made on the report some of which were identified as requiring immediate attention. There was no evidence that the recommendations had been actioned. The review of staff training regarding fire safety did not evidence that staff had completed the required number of training sessions per year. Fire safety has been identified as an area for improvement.

In relation to medicines management the most recent medicines management inspection was 27 November 2018 and no areas for improvement were identified at the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff in staffing arrangements, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

.Areas for improvement

Areas for improvement were identified regarding the environment, fire safety, the control of substances hazardous to health and staff induction.

	Regulations	Standards
Total numb of areas for improvement	2	2

6.4 Is care effective?

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

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, "We're a strong team and work well together."

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with residents' families or representatives and also used a range of risk assessments to help inform the care being provided. The manager advised that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely.

The manager reported that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans and care reviews were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager 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 (or individual meetings with residents) and staff meetings. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We arrived in the home at 09.45 and were met immediately by staff who offered us assistance. Residents were present in the lounges or in their bedroom, as was their personal preference. As previously stated the home provides intermediate care meaning that residents stay in the home is short term or until such times as they are able to return to their own home or care packages have been arranged so as they can return to home or an alternative setting.

The atmosphere in the home was welcoming. Observations of interactions throughout the day demonstrated that residents related positively to staff and to each other. Residents were engaged by staff with respect and encouragement at all times. One resident commented, "Wouldn't have a bad word to say about any of them."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme and were provided by staff. Residents stated that as there were so few of them staff were flexible and asked what they would like to do. A library facility was available for residents in the home.

The serving of the midday meal was observed. Staff were attentive to residents and a choice of meal was available. We spoke with catering staff who stated that there is always choice at mealtimes and at the mid-morning and afternoon tea and snacks. Catering staff also confirmed that individual dietary needs and preferences were catered for. One resident commented, "Food's great, I've put on weight."

We spoke with all the residents in the home and comments received included:

- "Happy enough here."
- "Staff are brilliant."
- "They (staff) keep an eye on you and are really caring."
- "No problems here, I'm perfectly happy."
- "Everybody is as nice as anything."
- "The food's too good, never ending."
- "I'm fine, they look after me very well."
- "Staff are attentive, couldn't do enough for you."
- "Meals are lovely, get as much as you want."

- “I can say the girls are very good.”
- “Couldn’t get better staff.”
- “Answer the call bell much quicker than the GP would.”
- “Everyone’s wanting to help or do something for you.”
- Staff always consult you first and then it’s up to yourself.”
- “It’s like a family here, the girls are very good.”

There were no questionnaires completed and returned to RQIA from residents, their representatives or from staff.

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 patients and their representatives and the activities programme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 manager is the person in day to day operation of the home; the current manager was knowledgeable of her responsibility with regard to regulations and notifying RQIA of events. The manager reported that they were well supported by their line manager within the organisation. A review of the duty rota evidenced that the registered manager’s hours and capacity they worked, were clearly recorded.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. The manager explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. The reports of June, July and August 2019 were requested for review however only the report for June 2019 was available in the home. However, as discussed in 6.3, this area had previously been identified as an area for improvement at the last care inspection of June 2018. The home was not in compliance with the requirement for the reports of the monthly visit undertaken on behalf of the registered provider to be available in the home for residents, trust representative or other

professionals to read. This area for improvement has been stated for a second time in this report.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. One resident commented:

- “There’s nothing to complain about and they gave me an information leaflet about this when I came in.”

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Residents and/or their representatives are asked to complete a quality/satisfaction survey on discharge from the home. The response to the questionnaires is monitored by the information governance department of the trust. The manager keeps a record of any compliments received, recent comments included:

- “Just to say how well you looked after my (relative), you could not have been more courteous and made my relative feel at home....you have looked after his/her welfare and my relative is leaving here much fitter and stronger, all down to your care and attention.” (July 2019)

Areas of good practice

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

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 Glynis Ellison, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 29 (3) Stated: Second time To be completed by: Immediate	<p>The registered person shall ensure monthly monitoring visits are undertaken as required to meet regulations. Reports of any visit undertaken must be available in the home.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: reports have now been written up and forwarded to the Facility</p>
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: Immediate	<p>The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health (COSHH)</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff have been advised of the guidelines COSHH guidelines and training has been booked</p>
Area for improvement 3 Ref: Regulation 27 (4) (a) and (e) Stated: First time To be completed by: Immediate	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • Recommendations of the fire risk assessors report evidence that the required action has been taken. • Evidence is present that staff have completed the required number of training sessions regarding fire safety per year. <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Fire risk Assessment now completed and in file. Staff training is now on display in Managers Office</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.1 Stated: First time To be completed by: 1 November 2019	<p>The registered person shall ensure that the induction training records of newly appointed staff evidence the signature of the staff member and supervisor on completion of the training programme and that the record has been validated by the manager in respect of a satisfactory outcome.</p> <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: All staff inductions signed by the Manger</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27</p>	<p>The registered person shall ensure that the urinal in the identified bathroom is repaired and no longer leaks.</p> <p>Ref: 6.4</p>
<p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>Response by registered person detailing the actions taken: Urinal repairs completed</p>

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



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