

Inspection Report

10 January 2022



Northfield House

Type of service: Residential (RC)

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: South Eastern HSC Trust</p> <p>Responsible Individual: Roisin Coulter - applicant</p>	<p>Registered Manager: Mrs Glynis Ellison – not registered</p>
<p>Person in charge at the time of inspection: Joanne Norton – Senior Care Assistant</p>	<p>Number of registered places: 41</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia DE – 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 LD – Learning disability LD(E) – Learning disability – over 65 years A – Past or present alcohol dependence SI – Sensory impairment TI – Terminally ill.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 8</p>
<p>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 41 residents. The home is divided in over two floors. All current residents are located on the ground floor. Residents have access to communal lounges, a dining room and outside space.</p>	

2.0 Inspection summary

An unannounced inspection took place on 10 January 2022, from 9.50 am to 4.00 pm by a care inspector.

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.

One new area for improvement was identified in regard to the staff duty rota.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Northfield House.

RQIA was assured that the delivery of care and service provided in Northfield House was safe, effective and compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

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 and 'Tell Us' cards 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 Glynis Ellison, Manager and Joanne Norton, Senior Care Assistant at the conclusion of the inspection.

4.0 What people told us about the service

Eight staff, five residents and one relative were spoken with. Residents said that they felt well cared for, enjoyed the food and that staff members were helpful and friendly. One resident told us: "The staff are lovely, they treat me like a king".

The relative shared with us how much improved their loved one was since coming into the home and they had no complaints at all.

One resident questionnaire was returned with a very satisfied response to all questions regarding care provision, they told us that the staff are very attentive and they are well looked after. No feedback from the staff online survey was received within the allocated timeframe.

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 12 January 2021		
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) Stated: First time	The registered person shall ensure that accidents and incidents are notified to RQIA in line with current guidance.	Met
	Action taken as confirmed during the inspection: A review of records confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure there is robust oversight of staff registration with NISCC and the payment of annual fees.	Not met
	Action taken as confirmed during the inspection: An audit is in place to monitor staff registration with NISCC, however, this audit was not consistently done nor did it evidence update when staff had paid their annual fee. This area for improvement has not been met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were supported to do their job. For example, staff received regular training in a range of topics such as infection prevention and control (IPC), resident moving and handling and fire safety. A training matrix was maintained to monitor staff compliance with training.

A review of records confirmed staff received regular supervision and annual appraisal records were up to date.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Review of the duty rota identified a number of deficits namely; amendments or mistakes had not been corrected in line with best practice guidance and the rota used abbreviations to determine shift patterns, however, there was no corresponding guide to explain the meaning of these abbreviations. This was identified as an area for improvement.

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was observed to be calm and relaxed. Residents were well presented and willing to engage in conversation. The residents spoken with were all very positive about the care they received in Northfield House.

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.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff spoken with described the handover as detailed and informative.

Residents' needs were assessed at the time of their admission to the home. Care plans and multi-disciplinary assessments were received for any new admissions. Staff recognised the importance of ongoing assessment of residents' needs following their initial admission into the home.

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 also recorded.

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 could include simple encouragement through to full assistance from staff. Food was freshly prepared in the kitchen and alternative choices were also catered for. Lunch time was a pleasant and unhurried experience for the residents.

Residents could choose to have their meals in the dining room or their own bedroom. A menu was displayed on the wall outside the dining room, it was noted this was incorrect however; staff quickly changed the menu to the correct week when the error was brought to their attention. Residents spoke positively on the quality of the food provision in the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home environment included a sample of bedrooms, bathrooms, storage areas, communal lounges and the dining area. The home was observed to be warm, clean, well-lit and free from malodours. Residents' bedrooms were noted to be clean, suitably furnished.

Corridors within the home were clean and free from clutter. Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been completed 24 June 2021 with actions addressed by the Manager.

Measures were in place to manage the risk of COVID-19. For example, the home participated in the regional testing arrangements for residents and staff. Personal Protective Equipment (PPE) was available at the front entrance of the home for all visitors along with temperature checks and health declaration forms. Personal Protective Equipment (PPE) was in plentiful supply. However, availability of PPE stations was observed limited throughout the home; this increased the distance staff needed to walk to avail of the required PPE. This was discussed with the Manager who agreed to review.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with residents confirmed that they were able to choose how they spent their day. The daily allocation of staff duties identifies a member of staff to provide activities for the residents. Resident engagement in these activities is recorded in the daily notes.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff members were aware of their role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff described the Manager as "very good and approachable". Staff also advised that they felt able to raise any concerns and were confident these would be resolved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were managed correctly and reported appropriately.

The home was visited each month 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. A sample of records highlighted that a number of these visits were announced. Advice was given to ensure these visits are conducted on an unannounced basis and this will be reviewed at a future inspection.

6.0 Conclusion

Residents presented as happy and comfortable in the home environment. Residents spoke very positively about their experience in Northfield House and the care they receive. Positive interactions were observed throughout the inspection between staff and residents.

The environment was clean and well maintained. Staff members were observed to respond to residents in a timely manner and were skilled in their communication with residents.

A new area for improvement was identified in regard to the staff duty rota.

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	1*	1

*The total number of areas for improvement includes one area under Regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Glynis Ellison, Manager and Joanne Norton, Senior Care Assistant, 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 20 (1) (c) (ii) Stated: Second time To be completed by: 1 March 2022	<p>The registered person shall ensure there is robust oversight of staff registration with NISCC and the payment of annual fees.</p> <p>Ref: 5.1 and 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Following review, a robust system is now in place for monthly governance of NISCC registration for all staff. A spreadsheet has been implemented which includes the following</p> <ol style="list-style-type: none"> 1. Staff name and registration numbers 2. Date public facing register was checked that month 3. Date of payment for annual fees 4. Date 5 year registration is due 5. Any conditions for registration 6. Part of register <p>This is reviewed monthly and signed by the Manager.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.6 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the duty rota evidences:</p> <ul style="list-style-type: none"> • amendments or mistakes are corrected in line with best practice guidance • a reference guide is available to evidence the meaning of the shift abbreviations in use. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The rota template has been updated to include codes for shift abbreviations. A section has also been added for total staff on duty AM, PM and nightshift. Given the nature of the service, changes to the rota may occur, and going forward any corrections will be typed on to the rota template and re printed to ensure they are legible and easily understood.</p>

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



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