



The Regulation and  
Quality Improvement  
Authority

Northfield House  
RQIA ID: 1010  
3 Church Lane  
Northfield Road  
Donaghadee  
BT21 0AJ

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**Unannounced Care Inspection  
of  
Northfield House**

**11 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 11 August 2015 from 11.00 to 15.45. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. 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 and the DHSSPS Residential Care Homes Minimum Standards (2011).

### 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>	4	0

The details of the QIP within this report were discussed with the registered manager, 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> June Bovaird	<b>Date Manager Registered:</b> 8/9/2009
<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> 14	<b>Weekly Tariff at Time of Inspection:</b> £470

## 3. Inspection focus

On 5 August 2015 a telephone call was received at RQIA duty desk from an anonymous source. The caller raised concerns regarding staffing levels in Northfield House. In response an unannounced inspection was undertaken on 11 August 2015 by two RQIA inspectors.

The inspection sought to assess progress with the issues raised during and since the previous inspection and to assess the home's compliance with the following standard.

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

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection the inspectors met with 14 residents, five care staff and two catering staff. There were no visiting professionals or residents' visitors/representatives present.

The following records were examined during the inspection:

- Duty rotas
- Care files (3)
- Complaints
- Monitoring reports in accordance with regulation 29
- Staff meeting minutes

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the last Care Inspection

The previous inspection of the home was an unannounced care inspection dated 26 May 2015. One requirement was restated.

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)-(c)	The registered manager must ensure that the residents' call bell system is audible throughout the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspectors confirmed that the call bell system had been adjusted and was audible throughout the home.	

### 5.2 Standard 25: Staffing

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

There were 14 residents accommodated on the day of the inspection. There were 13 residents who had been assessed as requiring assistance with personal hygiene. Ten residents required help with toileting needs. Three residents had been assessed as high risk in regard to mobility needs.

Our inspection of the duty rota showed the following:

08.00 to 14.30 – one senior care assistant and two care assistants on duty

09.00 to 17.00 – registered manager

14.30 to 15.30 – two senior care assistants and one care assistant on duty

15.30 to 21.00 – one care assistant and one senior care assistant on duty

21.00 to 21.30 – one senior carer and two care assistants on duty

(a hand over report is given during this time)

21.30 to 22.30- one senior carer and two care assistants on duty

22.30 to 07.30- one senior carer on sleep- in duty and two care assistants on wakened duty

Domestic staff 06 30 to 11.30.

Catering staff 08.00 to 20.00 most days.

The rota showed the registered manager was on duty from 09.00 to 17.00. However the registered manager was undertaking work elsewhere in the Trust and was not on duty in the home. We were informed that on the previous day (Monday) the manager's hours, listed as 09.00 to 17.00 were not worked in the home. In a telephone conversation with the manager during the inspection she confirmed to us that she does not work in the home on Mondays.

The rota showed the manager's hours each Monday as 09.00 to 17.00. This is not an accurate reflection of the actual hours the manager works in the home. On a previous inspection discrepancies in the rota had been highlighted and a requirement was made in the report of that inspection. This requirement has been restated in the quality improvement plan appended to this report.

The duty rota showed that on Sundays from 14.30 to 16.00 there were no catering staff on duty. This was confirmed to us by staff on duty.

The rota showed that there were no domestic staff on duty after mid-day any day of the week.

We were concerned that each afternoon one care assistant undertakes mixed duties (care and domestic) as no domestic cover is provided for this period. On Sundays this extends to catering duties also. This is not acceptable as the senior carer on duty at this period undertakes the managerial role of the home and the associated tasks. For example;

- medications
- organise admissions and discharges
- facilitate care reviews
- liaise with allied professionals and families
- complete care records

There is therefore, one care staff available from 15.30 to 21.00 to undertake the actual "hands on" delivery of care to 14 residents. We inspected a list of the duties management requires care staff to undertake during this period. These include:

- assist with residents' personal needs
- afternoon teas at 3 pm
- respond promptly to call bells
- assist residents to dining room for evening meals
- complete care records

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

We spoke with staff on duty who stated that they felt the staffing levels were adequate most of the time. However concerns were raised regarding the afternoon period when just one senior carer and one care assistant were on duty. We were informed that this impacts on residents' choices. For example residents who require assistance are unable to have a bath in the afternoon/evening. There are not sufficient staff on duty should a resident wish to go for a walk and no activities are provided during this period.

We inspected staff meeting minutes for November 2014 and April 2015. A staff meeting had taken place on Friday 7 August 2015. Minutes were not yet available for that meeting. Staff informed us that concerns had been raised in the meeting of 7 August regarding the manager's presence in the home and the fact that they were not always aware whether or not she was actually on duty in line with the rota.

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

We spoke with residents who all complimented the staff for their care and kindness. A resident who was in the home for rehabilitation told us that "the care couldn't be better." One resident informed us that "they (staff) haven't a minute they are always dashing about."

We were informed by staff that some residents had highlighted to them that buzzers were not responded to promptly.

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive,

### Areas for improvement

The complaint received by RQIA was partially substantiated. There were two areas for improvement within this standard and two requirements have been made in this regard. The standard is assessed as partially met.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3.1 Residents

Residents told us that they are well cared for in the home. One resident was waiting at the front door for a daily allowance of money. The resident's care plan stated that this resident received £5 each day and walks to a local pub. Our examination of the financial records showed that the resident had not received his/her allowance since 4 August 2015. Staff informed us that no money was available for the resident on the day of the inspection. There were 2 staff designated to manage the resident's money. The staff were, the manager who was not in the home and a care staff member who was on leave. It is unacceptable that contingency plans were not in place to ensure that this resident received his daily allowance as agreed in his care plan. A requirement was made in this regard.

### 5.3.2 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.

### 5.3.3 Regulation 29 Reports

We inspected reports on monitoring visits carried out under regulation 29. No reports were available for April, May and June 2015. A requirement was made in this regard. There was a report for July 2015. Our inspection of this report showed that there had been no reference made to any staffing issues.

### Areas for improvement

We identified two areas for improvement in the additional areas inspected.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with June Bovaird 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) or RQIA's [office \(non-paperlite\)](#) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20.-(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>7 September 2015</b></p>	<p>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 welfare of the residents.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered manager on an on-going basis reviews the staff/resident ratios to ensure the delivery of safe and effective care. Staffing levels are adjusted in line with the degree of dependancy and other relevant risk factors. All social care staff working in the home have the necessary skills, knowledge, ability, training and experience which would deem them competent in the role which they perform. All social care staff are live on the NISCC register. The registered manager shall continue to ensure that this regulation is met.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 16.-(2) and standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>11 August 2015</b></p>	<p>The registered person shall ensure the residents receive care as detailed in their care plan.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered manager shall endeavour to ensure so far as is reasonable practicable that the residents receive care as is detailed in their care plan.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19.-(2) Schedule 4.7.</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> <b>11 August 2015</b></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></p> <p>The registered manager has and shall continue to ensure a record of the duty roster accurately reflects the hours worked by all staff.</p>



<b>Requirement 4</b>  <b>Ref:</b> Regulation 29.-(4) (c) & schedule 4 .5  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>31 August 2015</b>	The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The registered manager shall endeavour to ensure that reports of visits under Regulation 29 are completed in line with Legislation.		
<b>Registered Manager Completing QIP</b>	Angela Cartwright	<b>Date Completed</b>	02 .09.15
<b>Registered Person Approving QIP</b>	Hugh McCaughey	<b>Date Approved</b>	07.09.15
<b>RQIA Inspector Assessing Response</b>	Patricia Galbraith	<b>Date Approved</b>	09.09.15

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

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.