

Inspection Report

11 August 2023



Northfield House

Type of service: Residential Care Home
Address: 3 Church Lane, Northfield Road,
Donaghadee, BT21 0AJ
Telephone number: 028 9188 2509

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: South Eastern HSC Trust</p> <p>Responsible Individual: Ms. Roisin Coulter</p>	<p>Registered Manager: Mrs Stacey Boyd - acting</p>
<p>Person in charge at the time of inspection: Mrs Stacey Boyd</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 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</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 7</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 between 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 11 August 2023, from 10.10 am to 5.00 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.

The home was bright and welcoming, clean, neat and tidy. Residents were well presented and provided positive feedback regarding the care they received in the home.

It was evident that staff promoted the dignity and well-being of residents, staff were respectful in offering support to residents, knocking doors before entering and offering choice throughout the day. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents told us there are a range of activities to partake in and that the food is of a good standard.

Areas requiring improvement were identified relating to COSHH, appropriate storage of toiletries, monitoring of residents weights and appropriate covering of pull cords.

RQIA were assured that the delivery of care and service provided in Northfield House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Northfield House.

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 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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

Resident's spoken with provided positive feedback about their experiences in the home. One resident told us, "it is excellent in here, everything is so comfortable." Others said, "the food has been excellent" and "there is plenty of activities; movies and art."

Residents commented on the cleanliness of the environment describing it as, "spotless."

Staff told us they enjoy working in the home. One staff member said, "I love working in here...management are brilliant."

No questionnaires were received from residents or relatives following the inspection and no staff feedback was received via the online survey.

A record of compliments received about the home was kept and shared with the staff team, some of these were in the form of cards which were placed on display at the entrance of the building. One card wrote, "thank-you for looking after mum so well, you made her feel so welcome, we think you are all brilliant."

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 5 January 2023		
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to residents and others and how to report, reduce or eliminate the hazard.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. During the inspection, the laundry door was unlocked and laundry detergent was exposed sitting out on the counter in the unit. This area for improvement has been stated for a second time. See Section 5.2.3 and 7 for further detail.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met

	<p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 9.3 Stated: First time</p>	<p>The registered person shall ensure accurate records are maintained to evidence actions taken following falls; this includes review of risk assessments and care plans post fall. Staff should comment on the status of the resident in daily evaluation records.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

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. Staff told us that there was enough staff on duty to meet the needs of the residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The reference scale used to identify shift patterns was not always reflective of the codes on the duty rota, the manager amended the staff duty rota to reflect same. This will be reviewed at the next inspection.

NISCC checks are completed on a monthly basis by the manager and recorded accordingly.

It was noted that there were enough staff in the home to respond to the needs of residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One staff member was observed offering a resident a foot bath and was interacting with the residents in a caring and compassionate manner. Other staff were observed taking residents out for walks around the building, one resident said “this lovely care assistant is taking me out for a walk now, so kind.”

Staff told us that the residents’ needs and wishes were very important to them.

One staff member told us, “I’m absolutely loving it...there is a great support system and the manager is great.”

Visitors told us “the care has been excellent, every time we come in, someone is doing activities with the residents, painting or puzzles.”

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. Staff were observed to have developed a rapport with the residents, evident in resident’s relaxed demeanour and communication with the staff.

At times some residents may be required to use equipment that can be considered to be restrictive. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks and condiments available. The menu on display did not clearly identify the meal options on offer for the identified day. A discussion took place with the manager regarding this, the manager advised because there is a small number of residents placed in the home, staff are able to offer greater flexibility around menu choices. The manager informed us, this is discussed with the residents on a daily basis however, agreed to review ways of displaying this on the whiteboard. This will be reviewed at the next inspection.

There was evidence that residents' weights were being checked, however gaps were noted in some residents care files. This was discussed with the manager who confirmed the scales were broken, no system is in place in the interim for the monthly monitoring of residents weights. The manager provided assurances residents admitted to the home at present had weights taken before discharge from hospital. The manager confirmed scales have been ordered. An area for improvement was identified.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

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 recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The entrance of the home was bright and welcoming, spacious and free from obstruction.

There was evidence throughout the home of 'homely' touches such as; flowers; newspapers; magazines; and a reading area. Residents had access to snacks and drinks. Art work undertaken by residents as part of the activity programme was placed on display.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A number of cardboard boxes were noted to be stored in the staff room, the residents do not occupy this floor or have access to this staff room. A discussion took place with the manager who confirmed these were disposed of following the inspection.

The laundry room was unlocked with no staff member present, there was evidence of laundry detergent sitting out on the work top accessible to residents. This was discussed with the manager and this area for improvement has been stated for a second time.

A number of pull cords in bathrooms across the home were not covered therefore, they could not be cleaned effectively. The manager confirmed these have been covered following the inspection. An area for improvement was identified. Toiletries were noted to be sitting out in the identified communal bathroom. A discussion took place with the manager and an area for improvement was identified.

Residents occupy the ground floor of the building; the first floor is not used by residents at present. It was observed that flooring on the corridor of the first floor had an uneven surface. This was discussed with the manager who confirmed this has been logged with the estates department to be repaired. This will be reviewed at the next inspection.

A Fire Risk Assessment was completed on 18 July 2023 however, the report was not available on the day of inspection. This was discussed with the Estates Inspector in RQIA for follow-up who will take any further action required. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have birthday parties with family and friends in their room or one of the lounges, could go out to church, local shops, or other activities in the community.

Art work was led by one of the residents in the home and residents told us about the benefits of this. One resident said the manager promoted their interest in art by purchasing materials to support with this.

It was observed that residents were supported to choose how they spent their day. This was evident as some residents were watching their television show of choice in a small lounge area, whilst other residents were supported to partake in arts and crafts and others taken out for walks.

A resident said they would give the home "five stars on trip advisor." Another said, "staff couldn't do enough for you."

There was a range of activities provided for residents by staff. Residents had been consulted and helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events such as; reminiscence work, bingo, movie night, quiz night and coffee mornings.

5.2.5 Management and Governance Arrangements

Mrs Stacey Boyd has been the Acting Manager in this home since 1 July 2023 and will remain in post until January 2024 when the permanent manager will return.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager or staff would support with this if it was required.

Review of the home's record of complaints confirmed that there was a system in place to manage complaints and a monthly audit.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	1*	3

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Stacey Boyd, Manager, 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 14 (2) (a) (c) Stated: Second time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to residents and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Patient experience staff have been reminded of the need to ensure all substances are locked away as per COSHH guidelines when not in use. Laundry door to be locked if staff member needs to leave the room whilst products are in use. All staff in the home reminded of COSHH regulations and the importance of ensuring items are locked away following use.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 9 Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure a system is in place to monitor and record resident's weights on a monthly basis.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Chair scales were ordered and approved in July. Scales arrived Wednesday 7th September 2023. Monthly weights ongoing. There is also a care home dietitian link to the home and they can be contacted at any time if there are concerns regarding resident's weights.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection and ongoing</p>	<p>The registered person shall ensure that all pull cords are covered appropriately to allow for these to be effectively cleaned.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection and ongoing</p>	<p>Response by registered person detailing the actions taken: Anti infection, ligature safe pull cords were installed on 18th August 2023</p> <p>The registered person shall ensure toiletries are stored appropriately for individual use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: it has been communicated to all staff that resident toiletries should only be stored in their individual rooms and not accessible in communal areas.</p>

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