

# Unannounced Care Inspection Report 12 January 2021



## Northfield House

**Type of Service: Residential Care Home (RCH)**

**Address: 3 Church Lane, Northfield Road,  
Donaghadee, BT21 0AJ**

**Tel No: 028 9188 2509**

**Inspector: Alice McTavish**

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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

This is a residential care home registered to provide residential care for up to 41 residents. The home currently provides intermediate care for people who are to return to their own homes or are awaiting long term placement in a care home.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> South Eastern HSC Trust</p> <p><b>Responsible Individual:</b> Seamus McGoran</p>	<p><b>Registered Manager and date registered:</b> Glynis Ellison, acting manager since 28 July 2017</p>
<p><b>Person in charge at the time of inspection:</b> Glynis Ellison</p>	<p><b>Number of registered places:</b> 41</p>
<p><b>Categories of care:</b> 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. TI – Terminally ill. SI – Sensory impairment.</p>	<p><b>Number of residents accommodated in the residential home on the day of this inspection:</b> 7</p>

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 12 January 2021 between 11.05 and 17.55 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they found the staff to be friendly and helpful.

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
<b>Total number of areas for improvement</b>	2	0

Areas for improvement and 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with three residents, three care staff and the cook. Seven questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff training
- staff induction
- staff supervision and appraisal
- competency and capability assessments
- staff registrations with professional body
- a selection of quality assurance audits
- complaints and compliments
- incidents and accidents
- two residents' care records
- Regulation 29 monthly quality monitoring reports
- minutes of staff team meetings
- fire risk assessment and fire safety records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) <b>Stated:</b> First time	The registered person shall ensure that the practice of wedging open of doors is stopped and that consultation takes place with the nominated fire risk assessor for the trust regarding appropriate mechanisms for holding open the identified doors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that doors were not wedged; the manager confirmed that appropriate mechanisms were in place for holding open the identified doors.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> First time	The registered person shall that robust governance arrangements are in place which with oversight of the services delivered.  Governance oversight is required for the areas detailed in the report including: <ul style="list-style-type: none"> <li>• monitoring staffs compliance with mandatory training requirements</li> <li>• ensuring newly appointed staff complete induction training</li> <li>• the availability of the regulation 29, monthly quality monitoring reports. The reports should evidence the action taken to address any recommendations stated in the report.</li> </ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training and induction records and the reports of the monthly monitoring visits confirmed that these issues were addressed.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.1  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of induction records of the most recently appointed member of staff confirmed that all necessary signatures were present.	

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Some staff worked short shifts and did not have a second temperature check completed; we discussed with the manager the need for those staff on longer shifts to be checked twice. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff described how residents were encouraged to wash their hands before going for meals. There was also hand sanitiser for each resident on the tables in the dining room. This is good practice.

## **6.2.2 The internal environment**

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

The manager reported that a number of bedrooms had been supplied with new furniture. We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home had a current fire risk assessment and all recommendations had been actioned. Regular fire checks were completed and records maintained.

## **6.2.3 Staffing arrangements**

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We discussed the system in place to have all necessary pre-employment checks completed to ensure that staff were safe to work in the home. The manager advised that the Trust provided a written confirmation that all such checks were satisfactory before staff commenced work in the home.

We saw from individual files that staff were provided with regular supervision and an annual appraisal. We provided advice about how more robust managerial oversight of this area could be achieved. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management. We observed the afternoon shift handover and found that there was a system in place to ensure that staff coming on duty were provided with all necessary information. We also saw that there were regular staff meetings which further supported good communication between staff and management.

## **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.



Some comments made by residents included:

- “The staff are very good, they are helpful and friendly. My room is a good size and is comfortable. I don’t much like watching television, but I have enough here to keep me busy. The food is tremendous, really lovely, and there’s plenty of it.”
- “The care is good here...but I am hoping to get home when there is a care package found for me.”
- “I find Northfield House to be nicely decorated, bright and comfortable...the staff are kind and helpful and the food is lovely. I have enough to keep me occupied, but I would really love to be able to walk to the seafront, but it’s probably too far...”

One resident raised a complaint to the inspector and the manager. We later received satisfactory assurances that this was being correctly managed.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The care staff assisted residents to make phone calls or use video calls with their families in order to reassure relatives. The manager described the arrangements now in place to facilitate relatives visiting their loved ones at the home.

We saw that the catering kitchen was very clean and well equipped. The cook and the manager described how menus were devised by dieticians and were rotated on a three week cycle. Residents were consulted about their food choices and preferences and there were always alternatives provided. Staff reported that they could prepare hot drinks and snacks for residents during the evening and night, if this was what a resident needed or wanted. Kitchen and care staff had been given training in the preparation of textured diets.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents.

No questionnaires were completed by residents and returned to RQIA.

### **6.2.5 Care records**

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed pre-admission information was received for each resident and that comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.



We saw that staff meetings were held to support good communication between staff and management.

There was a system of audits which covered a range of areas such as equipment used in the home and accidents and incidents. We discussed with the manager the importance of having more frequent managerial oversight of areas such as hand hygiene and staff compliance with PPE. We also saw that there was limited oversight of staff registration with their professional body, the Northern Ireland Social Care Council (NISCC) and the payment of annual fees. This was identified as an area for improvement.

We examined the records of accidents and incidents which had occurred in the home. Whilst we found that these were managed appropriately and reported to residents' representatives and trust key workers, some were not notified to RQIA. This was identified as an area for improvement.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some comments were as follows:

- “Many thanks for all the wonderful care and attention you have shown me. You all went above and beyond to provide the best of care. I really felt at home with all the lovely food.”
- “I really appreciate the loving care and support I have received from everyone here, it has been greatly appreciated.”
- “I just wanted to say a big thank you to each and every one of you, from the manager to the kitchen staff and cleaners, you have all made (my relative) very welcome, and you were always able to have a bit of fun and craic with her...I can't praise and thank you enough for everything you have done. Northfield House is such a friendly and welcoming home.”

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. The manager also advised that there were regular manager meetings to robust governance.

### Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff, the cleanliness of the home and staff adherence to the current PPE guidance.

### Areas for improvement

Two areas for improvement were identified. These related to regular audit of staff registration with NISCC and to notification to RQIA of accidents and incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Northfield House was safe, effective, compassionate and well led.

### 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 (1) <b>Stated:</b> First time <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure that accidents and incidents are notified to RQIA in line with current guidance. Ref: 6.2.6 <b>Response by registered person detailing the actions taken:</b> All Staff including Bank Staff must inform the Manager of any accidents or incidents which take place in the home and the Manager to ensure appropriate reporting has been completed
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (c) (ii) <b>Stated:</b> First time <b>To be completed by:</b> 26 February 2021	The registered person shall ensure there is robust oversight of staff registration with NISCC and the payment of annual fees. Ref: 6.2.6 <b>Response by registered person detailing the actions taken:</b> Staff list of registration details has been up-dated and all staff are paid up to date.

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



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