



The Regulation and  
Quality Improvement  
Authority

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

Inspectors: Patricia Galbraith and  
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**Unannounced Care Inspection  
of  
Northfield House**

**16 April 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection by Patricia Galbraith and Bronagh Duggan took place in Northfield House on 16 April 2015 from 20.30 to 00.20. The inspection was undertaken in response to whistle blowing information received by RQIA.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

The last inspection findings were not reviewed but shall be carried forward for review at a future inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

A serious concerns meeting was convened for 27 April 2015 at RQIA offices to discuss the outcome of the inspection with the representative of registered provider and the registered manager. Representatives provided strong assurances and presented an action plan to address all issues raised. This will be followed up in due course.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	0

Details of the Quality Improvement plan within this report were discussed with the Mrs Angela Cartwright 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 - senior care assistant	<b>Date Manager Registered:</b> 8 September 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> 12	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3 Inspection Focus

The focus of this inspection was on fire safety, communication systems and staffing levels in the home.

### 4 Methods/Process

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

- Discussion with staff on duty and the registered manager.
- Review of 3 care records, duty rota, and fire safety risk assessment
- Discussion with residents individually and in small groups
- Inspection of premises
- Observation of care practice
- Evaluation and feedback.

During the inspection we met with 12 residents and three care staff.

### 5 The Inspection

The unannounced care inspection of Northfield House was undertaken by Patricia Galbraith and Bronagh Duggan on 16 April 2015 between the hours of 20.30 and 00:20.

We undertook this inspection in response to whistle blowing information received by RQIA on 10 April 2015. Issues raised by the whistle blower related to staffing levels in the home and the delivery of care to residents. The purpose of this inspection was to ascertain if there were any breaches in regulation arising from the issues identified by the whistle blower.

Mrs June Bovaird senior carer was in charge and was present to receive verbal feedback at the conclusion of inspection. The registered manager was off duty but was available to be contacted.

We discussed with residents and staff what life in the home is like. We observed care practice and carried out a general inspection of the home. It was noted upon arrival that nine of the 12 residents were dressed in their night attire in preparation for bed. This issue was raised as a concern with senior management at the serious concerns meeting on 27 April 2015.

Staff on duty confirmed that there would usually be one wakened staff member on duty between the hours of 22.30 and 7.30. This information was in contrast to the information contained in the homes fire safety risk assessment which was based on two wakened staff on duty throughout the night. We reviewed three residents' care records. These revealed that on three recent occasions the senior carer on sleepover had to be contacted to attend the needs of residents during the night. Staff informed us they were unclear when it was appropriate to contact the senior carer on sleep over duty. There was no policy available to demonstrate the procedure in the home for contacting the sleep over staff member. Given the needs of the residents during night time we felt this staffing quota was insufficient to meet their needs. This matter became subject to RQIA's enforcement procedure.

It was also noted that the call bell system could not be heard throughout the entire home but only in close proximity to the main office. This was of concern considering there was only one staff member to respond to the call bell during the night. This too became subject to RQIA's enforcement procedure.

As a result of these findings we issued an urgent action letter for the manager's immediate attention. Following the inspection a serious concerns meeting was held in RQIA on 27 April 2015. This meeting was attended by the registered manager, representatives of the registered provider of the South Eastern Health and Social Care Trust. The purpose of this meeting was to seek full assurances and an action plan from the registered persons that the issues identified for improvement would be addressed. This will be followed up in due course.

## **6. Inspection Findings**

### **6.1 Fire Safety Risk Assessment**

We reviewed the home's fire safety risk assessment. The fire risk assessment was based on two wakened staff and one sleep - in at night. Night time staffing levels were one staff on wakening duty and one staff on sleep- in duties. We discussed with the registered manager the need to ensure that the fire safety risk assessment is followed. We requested that until a fire risk assessment review had been completed two wakened staff members should be on duty. A requirement has been made in this regard.

### **6.2 Call Bell System and Mobile Networks**

Staff informed us that the residents' call bell system was not audible for them in various areas the home. We tested the call bell system and found it could only be heard in the front area of home. This was of concern considering there was only one wakened member of staff during the night. A requirement has been made in this regard.

Further to this one member of staff works alone from the hours of 22:30 to 7:30. The senior carer provides a call duty and sleeps in a different part of the home. The waking staff member carries a mobile phone which is used to contact the senior carer. We found the mobile signal in the home unreliable, thus causing concern should the need arise to contact the senior carer. A requirement has been made in this regard.

### **6.3 Duty Rota**

We reviewed the staff duty rota which revealed that the hours worked by the registered manager were not accurately recorded. A requirement has been made in this regard.

### **6.4 Residents care notes**

We inspected three residents' files including their individual needs assessments. We found one resident's care plan stated they liked to retire to bed around 10pm yet this resident was observed in bed at 8.50 pm. Two out of the three residents records reviewed showed they would have been unsettled during the night thus causing additional demands upon the one wakened staff member on night duty.

We were concerned that due to the low staffing levels and the increased needs of residents they could potentially be placed at risk. This issue was discussed during the serious concerns meeting and the registered manager gave strong assurances that the staff numbers working in the home were sufficient to meet the needs of residents at all times. This will be followed up in due course.

## **7. Additional Areas Examined**

### **7.1 Residents Views**

We observed that residents were relaxing in communal areas of home and in their own rooms. Residents spoke positively about the care they receive and about their relationship with staff.

Comments received

“They only have one pair of hands but staff are lovely”

“The staff try their best I don’t mind getting ready for bed early to help them out as only one on at night”

“Staff are very helpful but very busy”

Again staffing levels were addressed during the serious concerns meeting that followed on 27 April 2015.

### **7.2 Staff Views**

We met with three members of staff who shared with us their experiences of working in home. Staff informed us that they enjoyed their work but at times the home could be busy. They were knowledgeable in respect of individual residents’ needs.

### **7.3 Environment**

We undertook an inspection of the home including a number of resident’s bedrooms and communal areas. The areas of the environment viewed presented as clean and fresh smelling throughout.

One room had a number of unused tables and we requested they be removed.

## **8. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with June Bovaird senior carer and Angela Cartwright the registered manager by phone as she was off duty during the inspection. 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.

### **8.1 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.

### **8.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### **8.3 Actions Taken by the Registered Manager/Registered Person**

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 17 April 2015</p>	<p>The registered manager must ensure that the numbers of staff on duty meet the requirements within the fire safety risk assessment.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The number of staff on duty meets the fire assessment requirement. This was verified by an unannounced RQIA inspection on 26<sup>th</sup> May 2015.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 27 (2)-(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 17 April 2015</p>	<p>The registered manager must ensure that the residents' call bell system is audible throughout the home and that the on call phone system is fit for purpose.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The audibility of the call bell system has been reviewed and work is underway to increase the audibility of same.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 19 (2) Schedule 4 number 7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 27 April 2015</p>	<p>The registered manager must ensure that the duty roster accurately reflects the hours of all persons working in the home.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b> The duty roster reflects the hours of all persons working in the home.</p>

<b>Registered Manager Completing QIP</b>	Angela Cartwright	<b>Date Completed</b>	19.05.15 received on 19.05.15
<b>Registered Person Approving QIP</b>	Hugh McCaughey	<b>Date Approved</b>	28.05.15
<b>RQIA Inspector Assessing Response</b>	Patricia Galbraith	<b>Date Approved</b>	24/06/15

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