



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Northfield House, 1010
Date of Inspection: 16 September 2014
Inspector's Name: Lorna Conn
Inspection No: 17798

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Northfield House
Address:	3 Church Lane Northfield Road Donaghadee BT21 0AJ
Telephone number:	028 91882509
Email address:	angela.cartwright@setrust.hscni.net
Registered Organisation/ Registered Provider:	South Eastern HSC Trust Mr Hugh Henry McCaughey
Registered Manager:	Miss Angela Cartwright
Person in charge of the home at the time of inspection:	Miss Angela Cartwright
Categories of care:	RC-I, RC-MP, RC-MP(E), RC-PH, RC-PH(E), RC-A, RC-SI, RC-TI
Number of registered places:	41
Number of residents accommodated on day of Inspection:	17
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	6 January 2014, Secondary unannounced inspection
Date and time of inspection:	16 September 2014, 10:00am - 5:25pm
Name of Inspector:	Lorna Conn

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	4
Relatives	1
Visiting Professionals	1

Questionnaires were provided, prior to the inspection to staff to seek their views regarding the service. None were returned.

Issued To	Number issued	Number returned
Staff	12	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Northfield House is a purpose built Trust facility for the provision of residential care. It is located within a residential area of Donaghadee, a seaside town on the Ards Peninsula and is operated by the South Eastern Trust. Initially the home was registered (approximately 30 years ago) for forty one residents.

Northfield House has changed in its function over recent years from that of a traditional residential care facility. There have been no permanent admissions to the home for some time although four residents still historically maintain a permanent place. The home also provides a rehabilitation service for clients who have required hospital care and for whom the aim is to return to their own homes.

On the day of this inspection there were seventeen residents accommodated in the home. Of this number four were permanent residents and the remainder were temporarily in the home for rehabilitation or interim care.

The home is registered to provide care for a maximum of 41 persons under the following categories of care:

RC-I, Old age; RC-MP, Mental disorder excluding learning disability or dementia; RC-MP(E), Mental disorder excluding learning disability or dementia – over 65 years; RC-PH, Physical disability other than sensory impairment RC-PH(E); Physical disability other than sensory impairment - over 65 years; RC-A, Past or present alcohol dependence; RC-SI, Sensory impairment and RC-TI Terminally ill

8.0 Summary of Inspection

This primary announced care inspection of Northfield House was undertaken by Lorna Conn on 16 September 2014 between the hours of 10:00am and 5:25pm. Miss Angela Cartwright was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement made as a result of the previous inspection was examined. Review of the premises, observations and discussions demonstrated that this was now compliant. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, relatives, staff and visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents appeared appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. However, it is recommended that the policy/procedure for the management of violence and aggression and the use of restraint be updated to detail that RQIA must be notified on each occasion restraint is used.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restrictive practice was only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Northfield House was compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by designated care staff or people who are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Northfield House was compliant with this standard.

Resident, staff and visiting professionals consultation

During the course of the inspection the inspector met with residents, relatives, staff and visiting professionals. Questionnaires were also issued to staff in advance of the inspection.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, relatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be serviceable but rather tired in parts. The home was subject to an estates inspection by RQIA on 31 July 2014 and a report and quality improvement plan was issued under separate cover.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances and vetting. Further details can be found in section 11.0 of the main body of the report.

One requirement regarding incident notification and one recommendation concerning policy and procedure were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the visiting professionals, registered manager, relatives; and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 6 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 2 (b) 27 (d) & 18 (2) (c)	The registered person is required to ensure that the decoration and floorings in the East and West Wing bathrooms should be made good. (standard 27.1)	During the visual inspection of the environment it was observed that decoration had improved and new flooring had been provided.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Yes, staff have knowledge and understanding of each resident's usual conduct, behaviours and means of communication. This is obtained via handovers, careplans, and information supplied by other professionals. Given this information staff are in a position to promote positive outcomes for residents.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure for the management of violence and aggression and the use of restraint dated June 2012 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. However, it did not detail that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled challenging behaviour on 27 August 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>It is recommended that the policy and procedure for the management of violence and aggression and the use of restraint be updated to detail that RQIA must be notified on each occasion restraint is used.</p>	Substantially compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, should a resident's behaviour give cause for concern then corrective action is taken i.e. following an assessment of the situation the relevant professionals are contacted and their advice and support sought at that time.	Compliant
Inspection Findings:	
<p>The policy and procedure dated June 2012 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust and relatives . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified characteristic behaviour.</p> <p>It is recommended that the policy/procedure for the management of violence and aggression and the use of restraint be updated to detail that RQIA must be notified on each occasion restraint is used.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes, should a resident need a consistent approach or response from staff, this is detailed in their care plan and of which is brought to the resident's attention and significant others.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes, should the need arise for a resident to have a specific behaviour management programme it is approved by relevant professionals and would form part of their care plan.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes, should a specific behaviour programme be in place for any resident staff will be provided with suitable and sufficient training in relation to same.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in: Behaviours which challenge on 27 August 2014 and Dementia care on 3 & 10 September 2014. The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, the remainder of this criterion was not applicable at this time.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes, should there be a case where an incident requires to be managed outside the scope of a resident's care plan this is recorded and reported appropriately. If appropriate a review meeting shall be held to address same.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from 24 June 2014 to the date of the inspection and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. However, there were three incidents which had not been notified to RQIA and these must be notified retrospectively. These incidents were notified to RQIA post inspection and before issue of the report.</p>	Moving towards compliance

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Restraint shall only be used following a full comprehensive assessment of best of practice and all appropriate professionals shall be involved.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff and an examination of care records confirmed that physical restraint was not used. Restrictive practices such as the use of fall alarm mats were used as a last resort when assessments had occurred by appropriately trained staff and to protect the residents when other less restrictive strategies had proved unsuccessful. The circumstances and nature of these restraints were recorded on the resident’s care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. E.g. fall alarms mats.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Yes, the programme of activities and events should provide positive outcomes for residents and is based on the identified needs and interests of residents.	Compliant
Inspection Findings:	
<p>The home had a procedure dated June 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Yes, the programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised at least twice per day across seven days.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Those residents who generally stay in their bedrooms are given an opportunity to contribute to the activities programme and are also offered a one to one activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities during improvement meetings, residents meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, the programme of activities is displayed on the residents' notice board and in large print.	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display on the resident information noticeboard outside the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, any resident requiring aids to facilitate participation are supported by staff.	Compliant
Inspection Findings:	
<p>Activities are provided for twice daily across seven days by designated care staff or by contracted in persons.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included musical bingo; skittles; knitting materials; board games; DVDs and basketball net etc.</p> <p>There was confirmation from staff/the registered manager that a designated budget for the provision of activities/ equipment was in place.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, the duration of any activity takes into account the needs and ability of the resident.	Compliant
Inspection Findings:	
<p>The care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, the manager inducts all contracted-in persons and monitors the delivery of the activity and in their absence the person in charge at the time monitors the delivery of the activity supported by the care assistant staff.	Compliant
Inspection Findings:	
<p>The registered manager confirmed that people are brought in to provide music entertainment and other activities such story telling; bingo and exercise.</p> <p>The registered manager confirmed that she had obtained evidence from the persons that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Yes, prior to the contracted person delivering an activity they report to the person in charge who provides them with up-dated necessary and appropriate information regarding the residents who will be participating.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity. Records also documented this.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Yes, a register is maintained of the date, attendance, type of activity and the name of the facilitator.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Yes, the programme is reviewed regularly through formal resident consultation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had last been reviewed in May and September 2014. The records also identified that the programme is reviewed at every residents meetings and at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eight residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's a nice place and there's nothing wrong with the food'.

'The staff are very good and the bingo was lovely'.

'It's very good here. They have time for you and it's nice to have your food made and be able to come and go as you please'.

'Most mornings there's something on. I have no complaints'.

'I can't praise the girls enough. The food is wonderful- it's like a five star hotel. They asked if I wanted to play bingo this morning but my favourite TV programme was on so I watched that first'.

'Its 100% in here. The food is good and I enjoying going out walking. You can come and go as you please'.

11.2 Relatives/representative consultation

One relative who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included: 'the staff are awful good and very attentive. This is one of the best places my relative has been'.

11.3 Staff consultation

The inspector spoke with four staff of different grades and these discussions identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'My training's all up to date and the care couldn't be any better. I would be happy for my relative to be in here. The volunteers who take some activities are great -we could do with more. The house can be quite busy but the girls cope with it and the manager is very supportive'.

'The care is very good. The staff do a great job and are very attentive. People seem to enjoy their stay so much they don't want to go home. We get great support from the manager. The activities are good especially the entertainers -the residents love them. It's really busy and doesn't stop here but the girls are managing very well. Residents aren't rushed as we take a slow pace with them'.

'I would be quite happy for my mum to come in here'.

11.4 Visiting professionals' consultation

One visiting professional was present in the home during the inspection and spoke with the inspector. They expressed high levels of satisfaction with the quality of care provided within the home.

Their comments received included:

'It's fabulous here. This is one of the best homes. The staff are fantastic and always helpful'.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that four complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be serviceable but rather tired in parts. The home was subject to an estates inspection by RQIA on 31 July 2014 and a report and quality improvement plan was issued under separate cover.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary. The home was subject to an estates inspection by RQIA on 31 July 2014 and a report and quality improvement plan was issued under separate cover. The registered manager advised that all of the areas identified for action in the fire risk assessment had either been addressed or were being progressed within the Trust.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager. This confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Angela Cartwright, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Northfield House

16 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Miss Angela Cartwright during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	30 (1) & (2)	<p>The registered person shall give notice to RQIA without delay of the occurrence of –</p> <p>(a) the death of any resident, including the circumstances of his death;</p> <p>(b) the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a resident in the home;</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>(e) any theft or burglary in the home;</p> <p>(f) any accident in the home;</p> <p>(g) any allegation of misconduct by the registered person or any person who works at the home.</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of</p>	One	All senior care staff have been informed to comply with this request. However, historically speaking only incidents/accidents of a serious nature were required to be reported to the RQIA.	With immediate effect from the date of the inspection.

		<p>the oral report.</p> <p>The three incidents identified by the inspector dated 24/6/14; 22/5/14 & 10/5/14 should be notified to RQIA retrospectively. (These incidents were notified to RQIA post inspection and before issue of the report.)</p> <p>(standard 20.15)</p>			
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	The registered person is recommended to update the policy/procedure for the management of violence and aggression and the use of restraint to detail that RQIA must be notified on each occasion restraint is used.	One	This request has been brought to the attention of the policy maker.	By 16 October 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Angela Cartwright
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorna Conn	22/10/14
Further information requested from provider			