

Inspection Report

20 November 2022



Northfield House

Type of service: Residential Home
Address: 3 Church Lane, Northfield Road, Donaghadee
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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: Ms Samantha Aston – not registered</p>
<p>Person in charge at the time of inspection: Miss Karly Strain – senior in charge</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 TI – Terminally ill DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 8</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 in over 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 20 November 2022 from 8.05am to 1.10pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0. Two areas for improvement identified at a previous care inspection were met.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Northfield House was provided in a compassionate manner by staff who knew and understood the needs of the residents.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Northfield House. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "The girls are very nice, I can't say a bad word. The food is lovely" while another resident said, "The staff do over and above and they offer me support when required". A further resident said, "If I could stay here for life I would, they go above and beyond".

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

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 10 January 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (ii) Stated: Second time	The registered person shall ensure there is robust oversight of staff registration with NISCC and the payment of annual fees.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota evidences: <ul style="list-style-type: none"> • amendments or mistakes are corrected in line with best practice guidance • a reference guide is available to evidence the meaning of the shift abbreviations in use. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to residents. Review of agency staff induction records confirmed systems were in place to orientate them to the home. Checks were made to ensure that staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager agreed to review this rota to ensure it identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, 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. It was observed that staff members were adept at comforting and reassuring residents who became distressed or anxious.

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.

If a resident had an accident or a fall, a detailed report was completed. Review of one resident's care records identified that staff had responded correctly to support the resident but the residents risk assessment and care plans were not consistently reviewed following the fall. Details were discussed with the manager who agreed to implement a post fall monitoring tool and ensure staff comment on the status of the resident in daily evaluation records. An area for improvement was identified.

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.

It was observed that residents were enjoying their breakfast. The dining experience was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. 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. Residents spoke positively in relation to the quality of the meals provided.

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.

There was evidence that, for the most part, care records were regularly reviewed and updated regarding changes in residents' needs. Review of one care file identified it had not been updated to reflect a change in the residents assessed needs. This was discussed with the person in charge who agreed to update the care records retrospectively.

Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm and comfortable. Bedrooms and communal areas were suitably furnished, clean and tidy. Many of the bedrooms were personalised with items important to residents.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals, access to sharps in an unlocked treatment room and multiple fire doors were observed to be wedged/propped open. This was discussed with staff who ensured that the risks were reduced or removed immediately. Assurances were provided by the manager that further action would be taken to reduce risks to residents in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 30 June 2022. The manager confirmed that all actions identified by the fire risk assessor had been addressed.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There was an adequate supply of personal protective equipment (PPE) and hand sanitisers were readily available throughout the home. There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE were not consistently displayed at hand hygiene points. In addition, some PPE was observed to be inappropriately stored in an identified toilet. This was discussed with the manager agreed to review this with the Trust's IPC team.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff members were not bare below the elbow. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they liked the privacy of their bedrooms, but would enjoy going to the lounge for meals.

Residents were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives. One resident said, "I enjoy going to the big room and watching TV and movies. I also enjoy playing skittles" while another resident said, "There is always a Sunday service on and I enjoy playing bingo and listening to music.

Staff members said they did a variety of one to one and group activities to ensure all residents had some activity engagement; although there was no evidence that planned activities were in place for residents within the home. This was discussed with the manager who agreed to review activity provision. This will be reviewed at a future care inspection.

5.2.5 Management and Governance Arrangements

Staff members 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.

There has been a change in the management of the home since the last inspection. Ms Samantha Aston has been the manager since 1 October 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Shortfalls identified following review of the IPC audits were discussed with the manager who agreed to review how to improve the governance of these areas. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were either inconsistently completed, or were insufficiently robust so as to identify deficits and drive necessary improvements within the home. This was discussed with the manager who gave assurances that the arrangements for the completion of the monthly monitoring reports would be reviewed. This will be reviewed at a future care inspection.

6.0 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 (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Samantha Aston, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (20 November 2022)</p>	<p>The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been informed regarding their responsibility to recognise potential risks and hazards. The registered manager is completing spot checks through the home to ensure the elimination of hazards, this area has been added to the audit process.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (20 November 2022)</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered manager has liaised with the trust IPC team and updated templates within the service, further auditing will be introduced. Staff refresher training has been booked and will be completed and a link person identified.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required (20 November 2022)</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>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The PHA post falls review guidance and documentation has been implemented within the service, staff have been informed of the changes and will receive training to ensure accuracy in recording.</p>

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