



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Northfield House
RQIA Number: 1010
Date of Inspection: 22 January 2015
Inspector's Name: Ruth Greer
Inspection ID: 17822

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Northfield House
Address:	3 Church Lane Northfield Road Donaghadee BT21 0AJ
Telephone number:	028 91882509
E mail 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:	Mrs Mary Courtney - Senior Care Assistant
Categories of care:	RC-A, RC-I, RC-MP, RC-MP(E), RC-PH, RC- PH(E), RC-SI, RC-TI
Number of registered places:	41
Number of residents accommodated on Day of Inspection:	4 permanent 12 temporary for rehabilitation under the “step up/step down” scheme
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	16 September 2014, primary announced inspection
Date and time of inspection:	22 January 2015, 9.50 am – 2.00 pm
Name of Inspector:	Ruth Greer

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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

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

- Discussion with the Senior care assistant in charge of the home
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visiting professional
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Northfield House Residential Care home is situated in the small town of Donaghadee in County Down.

The residential home is owned and operated by the South Eastern Health and Social Care Trust. The current registered manager is Ms A Cartwright.

The home has not admitted any permanent resident for many months and although a 2 storey building the upper floor is now not used.

Accommodation for residents is provided single rooms on the ground floor.

Communal lounge and dining areas are provided on the ground floor as are the catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

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

Residential care

I	Old age not falling into any other category
DE	Dementia
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
TI	Terminally ill
SI	Sensory impairment

7.0 Summary of inspection

This secondary unannounced care inspection of Northfield House was undertaken by Ruth Greer on 22 January 2015 between the hours of 9.50 am and 2.00 pm. Mrs Courtney was available during the inspection and for verbal feedback at the conclusion.

One requirement and one recommendation made as a result of the previous inspection were also examined. The detail of the actions taken by the manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 The Health and Social Care Needs of residents are Fully Addressed. There were processes in place to ensure the effective management of the standard inspected and the home is assessed as compliant with the requirements of this standard.

During the inspection the inspector met with residents, staff, a visiting professional 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.

In discussion 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.

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

Comments received from residents, staff and a visiting professional are included in section 10.0 of the main body of the report.

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 tired, old and dated although remaining fit for purpose.

A number of additional areas were also examined these included the management of continence. Further details can be found in section 10.0 of the main body of the report.

No requirements and no recommendations were made as a result of the findings of this secondary unannounced inspection. However, one recommendation has been restated from the previous inspection.

The inspector would like to thank the residents, the visiting professional, the senior care assistant and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 16 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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 the oral report.</p>	All untoward events/incidents are being reported to the RQIA in line with this regulation The specific incidents highlighted were notified retrospectively	Compliant

		<p>The three incidents identified by the inspector dated 24/6/14; 22/5/14 & 10/5/14 should be notified to RQIA retrospectively.</p> <p>(These incidents were notified to RQIA post inspection and before issue of the report.)</p> <p>(standard 20.15)</p>		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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.	The inspector was informed that the Trust are updating the policy on the management of violence and aggression. This was not available for inspection and has been re stated	Unable to verify compliance

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
There was a template in each of the care files examined which included the details highlighted in this criterion. An arrangement is in place with a local G P surgery which enables a move to that surgery (if the resident's own GP cannot continue to provide cover) for the duration of the rehabilitation period the resident is in the home.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Information in relation to each resident is forwarded to the home prior to admission. In regard to the rehabilitation programme a multi-disciplinary approach was noted with the assessment of need and action planned of all professionals involved with the resident. The home are aware of their role within these programmes. In addition to mandatory training specialist training for staff has been provided on Dementia Awareness, 3 September 2014 and Delirium Awareness 13 January 2014.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
Inspection Findings:	
Daily progress notes are maintained for each resident. There is a staff handover report given at change of shift The home notes on each occasion any contact is sought with G P s, district nurse, care managers etc.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	
Inspection Findings:	
Where residents have appointments for follow up care, for example fracture clinic, families are informed and invited to attend. The home book transport and accompany residents to appointments. The care files record the date, outcome and when families (when they have not been in attendance) have been informed by home staff.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
Inspection Findings:	
There is a template within the care files of the permanent residents which records the visits to and from of all supporting professionals. Temporary residents do not usually have routine health screening appointments. There are records of all professionals, for example physio, nurse, OT who are part of temporary residents' rehabilitation while they are accommodated in the home.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
Inspection Findings:	
Residents personal items such as dentures and spectacles are cleaned daily as part of an individual's hygiene regime. There is a cleaning schedule for walking aids, wheelchairs etc. This is monitored monthly by senior staff as part of the homes quality assurance measures. Larger items are serviced by the estates department of the Trust.	Compliant

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10.0 Additional Areas Examined

10.1 Resident's consultation

On the day of this inspection there were 4 permanent residents in the home, 12 residents were being accommodated for a temporary period of rehabilitation under the step up step down scheme.

The inspector met with 12 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:

"When I came here I was so ill but now I'm ready to go home and that's all down to the brilliant care I got"

"The girls would do anything for you"

"It's great to have a place like this when you get out of hospital"

10.2 Relatives/representative consultation

There were no relatives in the home

10.3 Staff consultation

The inspector spoke with staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. The inspector was informed that staff share the concerns in regard to the future of the home and the change in the ethos, given that there are just 4 permanent residents remaining. The inspector was informed that there are many admissions/discharges to the home on a weekly basis. This increases the administrative duties in regard to record maintenance etc Staff demonstrated an awareness that the needs of the permanent residents are not "lost" in the midst of a very busy rehabilitation programme for the temporary residents. The inspector was informed that staff have a sense of satisfaction regarding the progress of the rehabilitation of the temporary residents.

Comment professionals included –

"We provide a good service here"

"The focus is always on what's best for the residents"

10.4 Visiting professionals' consultation

A care manager was in the home and agreed to speak with the inspector. She stated that her clients are well cared for in the home and that staff work well in partnership with the Trust. "I would have no concerns about placing a resident in this home"

10.5 Environment

The inspector viewed the home accompanied by Mrs Courtney and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed 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 dated, tired although still fit for purpose. The home's long term future is uncertain. However, the standard of the environment must be maintained for as long as the home remains registered. This area will continue to be monitored at future inspections.

10.6 Management of Continence

The home has a policy on the promotion of continence. Residents, where required, are referred to district nursing for an assessment. The district nurse assesses the type and amount of products required and a care plan and risk assessment are developed and held in the care file. When there is any change in need a review is undertaken and the care plan amended accordingly. Mrs Courtney reported that the home order incontinence product on a 3 monthly basis and that there are no difficulties in the management of continence in the home.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Courtney, 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:

**Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Secondary Unannounced Care Inspection

Northfield House

22 January 2015

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 Mrs Courtney either during or after 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.

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	Standard 10.1 As raised at the previous inspection	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.	Second	<p>Response received from the home “ <i>This request has been brought to the attention of the policy maker</i>”</p> <p>There was no evidence that this recommendation had been actioned. It is therefore, re stated.</p> <p>It is confirmed that the Trust policy for the Management of Violence and Aggression and the Use of Restraint has been reviewed to include notification to the RQIA (Section 3.3.3)</p>	By 31 March 2015

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 and email to care.team@rqia.org.uk

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	Ruth Greer	19.03.15
Further information requested from provider			