

Unannounced Care Inspection Report

23 August 2016



Northfield House

Type of service: Residential care home
Address: 3 Church Lane, Northfield Road, Donaghadee
Tel No: 028 9188 2509
Inspector: Patricia Galbraith

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Northfield House took place on 23 August 2016 from 07.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to training, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of best/good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One requirement was made in regard to monthly monitoring reports not being completed

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Angela Cartwright registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2016.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust	Registered manager: Angela Cartwright
Person in charge of the home at the time of inspection: Angela Cartwright	Date manager registered: 8 September 2009
Categories of care: 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 LD - Learning Disability PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years RC-SI – Sensory Impairment RC- TI – Terminally ill	Number of registered places: 41

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, the previous inspection report.

During the inspection the inspector met with ten residents, six staff, and two visiting professionals.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safe guarding Policy and procedures

A total of 26 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 November 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19.- (2) Schedule 4.7. Stated: Second time To be completed by: 19 November 2015	<p>The registered person shall ensure a record of the duty roster accurately reflects the hours worked by all staff.</p> <p>Action taken as confirmed during the inspection: The duty roster was reviewed and accurately reflected the hours worked by all staff.</p>	Met
Requirement 2 Ref: Regulation 29.- (4) (c) & Schedule 4.5 Stated: Second time To be completed by: 19 December 2015	<p>The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.</p> <p>Action taken as confirmed during the inspection: The regulation 29 reports were reviewed. They had not been completed in line with legislation. This requirement has been stated for a second time in the QIP appended to this report.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2 Stated: First time To be completed by: 19 December 2015	<p>The registered manager must ensure that the identified resident's care plan clearly reflects their continence needs.</p> <p>Action taken as confirmed during the inspection: The resident's care plan was reviewed and the registered manager confirmed, it accurately reflected the resident's continence needs.</p>	Met

Recommendation 2 Ref: Standard 8.2 Stated: First time To be completed by: 19 November 2015	The registered manager must ensure records maintained reflect the personal care and support provided; including any changes in residents' circumstances.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed the identified resident had been discharged.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- registered manager X1
- senior carer X1
- care assistants X2
- domestic X1
- cook X1
- kitchen assistant X1

One senior carer was due to be on pm shift and 2 care assistants, the senior carer was due to stay on floor until 23.00hrs and then have sleep in duties and two care assistants were to be left on wakened night the duty from 23.00 to 07.30.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The most recent safe guarding training had taken place on 18 June 2016.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were restrictive practices were employed within the home, notably locked doors, keypad entry systems, lap belts, pressure alarm mats, alarm tags etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. The registered manager confirmed that a plan for redecoration in the home had been put forward and is awaiting approval for this to begin.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place and had been reviewed in July 2016, all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 24 March 2016 and 9 and 18 August 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were

checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Residents spoken with during the inspection made the following comments:

- “Staff are excellent”
- “I have all I need and staff ensure I get correct things”

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. One resident likes to go out everyday staff ensure that it is accommodated.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. The last residents quality improvement meeting had taken place on 3 March 2106. Minutes of resident and/or their representative meetings were available for inspection.

The registered manager also confirmed that staff frequently speak to residents about their needs and preferences. Residents also confirmed this to the inspector in discussions on the day of inspection.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care. A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example ensuring they knocked on residents door before entering their room and going to the office to pass on personal information.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example one resident likes to go out for a daily walk into the town and meet up with friends.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example a customer care questionnaire had been given to residents.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residentsspoken with during the inspection made the following comments:

- “I have nothing but praise for the staff”
- “The food is great”
- “Care here is exceptional”

Areas for improvement

There were no areas identified for improvement in this domain.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training

and additional training opportunities relevant to any specific needs of the residents. Training on dementia had taken place on 10 June 2016 and on Diabetes on 22 March 2016.

The monthly monitoring visits had not been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a requirement was made in this regard.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from service users, staff and relative.

One resident commented:

- Staff are always available and I can get what I want

Areas for improvement

One area for improvement was identified in relation to monthly monitoring reports not being completed.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Cartwright registered manger, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 29.(4)
(c) & Schedule 4 .5
Stated: Second time

To be completed by:
28 September 2016

The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.

Response by registered provider detailing the actions taken:

The arrangements for registered provider visits has now been established and agreed with the Management Team. Previously these visits rotated around several Managers throughout the year and has caused confusion resulting in non compliance. This practice has now stopped and Managers are now affiliated to a designated facility to provide consistency of reporting.

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



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