



Unannounced Care Inspection Report 5 March 2020



Northfield House

Type of Service: Residential Care Home
**Address: 3 Church Lane, Northfield Road,
Donaghadee, BT21 0AJ**
Tel No: 02891882509
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

Northfield House is a residential care home registered to provide care for 41 persons. The home provides rehabilitation/short term care for older persons to assist them to recover and return to their own home or alternative accommodation.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Seamus McGoran (acting) | Registered Manager and date registered: Glynis Ellison – registration pending |
| Person in charge at the time of inspection: Glynis Ellison | Number of registered places: 41 |
| 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. SI – Sensory impairment. TI – Terminally ill. | Total number of residents in the residential care home on the day of this inspection: 17 |

4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 10.00 to 16.00 hours.

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

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care residents' required. The environment was homely and comfortable.

Areas for improvement were identified regarding establishing effective systems to provide the manager with oversight of the services delivered and stopping the practice of wedging open doors.

An area for improvement identified at the previous inspection of 10 September 2019 has been stated for a second time. Refer to 6.1

Residents described living in the home as being a good experience and in in positive terms.

Residents said: “nothing but praise for the staff” and “staff are remarkably caring.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | *1 |

*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Glynis Ellison, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 September 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 February to 5 March 2020
- three resident care records
- supplementary care records including food and fluid intake charts
- a sample of governance audits/records
- reports of the monthly quality monitoring reports from November 2019 to February 2020
- complaints record
- accident and incident records
- compliments received
- RQIA registration certificate
- selected policy documentation
-

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 29 (3) Stated: Second time | The registered person shall ensure monthly monitoring visits are undertaken as required to meet regulations. Reports of any visit undertaken must be available in the home. | Met |
| | Action taken as confirmed during the inspection: Not all the requested monthly quality monitoring reports were readily available. The manager was able to print off from the computer, the report for January 2020 however; the report for the visit in February 2020 had not been forwarded to the home. The importance of having the reports readily available for residents and other interested parties was discussed with the manager. The manager was also informed of the importance of the reports for internal governance. Refer to 6.2.4 | |

| | | |
|--|---|--|
| <p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health (COSHH)</p> <p>Action taken as confirmed during the inspection: There was no evidence of cleaning agents being accessible to residents in the sluice rooms or other areas of the home.</p> | <p>Met</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (a) and (e)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • Recommendations of the fire risk assessors report evidence that the required action has been taken. • Evidence is present that staff have completed the required number of training sessions regarding fire safety per year. <p>Action taken as confirmed during the inspection: The review of the most recent fire risk assessment evidenced that any recommendations had been actioned by the manager.</p> | <p>Met</p> |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | | <p>Validation of compliance</p> |
| <p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the induction training records of newly appointed staff evidence the signature of the staff member and supervisor on completion of the training programme and that the record has been validated by the manager in respect of a satisfactory outcome.</p> <p>Action taken as confirmed during the inspection: The review of the induction training record of the most recently employed staff member did not evidence that the induction training had been fully completed.</p> | <p>Partially met</p> |

| | | |
|---|--|------------|
| Area for improvement 2 Ref: Standard 27 Stated: First time | The registered person shall ensure that the urinal in the identified bathroom is repaired and no longer leaks. | Met |
| | Action taken as confirmed during the inspection: We observed the urinal in the identified bathroom and confirmed that the necessary repairs had been completed and there was no leakage in evidence. | |

6.2 Inspection findings

6.2.1 Staffing Arrangements and care practice

A system was in place to identify staffing levels to meet the resident's needs. A review of the staff rotas for the period 7 February to 5 March 2020 confirmed that the staffing numbers identified by the manager were consistently provided. Staff spoken with told us that there were sufficient staff to meet the physical, emotional and social needs of the residents. One resident commented, "Press a button and there's someone there, they're always on call." Staff confirmed that they received a report when commencing duty and had a clear plan for the day's activity. Staff also confirmed that they were supported by management through the process of regular individual supervision and an annual staff appraisal. We reviewed the minutes of staff meetings and this confirmed that there had been more senior care assistant meetings (5) than care staff meetings (2). The manager was advised to ensure that all staff had the opportunity to attend the recommended number of staff meetings so as to enhance the level of communication in the home. The manager agrees to do this.

We discussed the arrangements for the nominated person in charge of the home in the absence of the manager. The manager stated that the senior care assistant on duty was the person in charge in her absence and this person was identified on the duty rota. A review of the duty rota and the completed competency assessments confirmed a robust system was in place.

In discussion with the manager and staff it was confirmed that arrangements were in place for the completion of the Mental Capacity Act/Deprivation of Liberty Standards training for staff. Care staff are completing level 2 training and senior staff will be completing levels 3 and 4, as directed by the Trust. However, the review of the staff training records was not robust as it was unclear what mandatory training had to be completed by staff. The manager had a chart on the wall to monitor staffs' compliance with their training requirements and on review a significant amount of training had yet to be completed. The need for the governance systems in the home to be more vigorous was discussed with the manager and this has been identified as an area for improvement. Refer to 6.2.4

The review of care records confirmed that staff had assessed, planned and consulted with other professionals, where applicable, regarding the management of weight loss. In discussion with staff it was stated that night staff assisted with getting some residents up in the morning. Staff stated that this was only those residents who wanted to get up. We reviewed the care records of three residents who were assisted to rise in the mornings. The review evidenced that the individuals' preferred time of rising and retiring was stated in their care records. We advised the manager to ensure that a risk assessment was completed for any

resident who smoked. The manager agreed to discuss this with staff and ensure it was completed at the time of admission.

We were advised that the use of potential restrictive practices was very limited, for example the use of bedrails or alarm/pressure mats when and where there is assessed need. The manager stated that there were no potential restrictive practices assessed as being required, including the use of bedrails and/or alarm mats.

6.2.2 Environment

The home was clean and fresh smelling. The manager confirmed that the cleaning routines in the home are reviewed and schedules were in place to ensure that all areas of the home are regularly attended to.

The main living areas of the home are on the ground floor. The first floor of the home is no longer used. There were a number of lounge areas, a library for residents to use and a large spacious dining room. We observed a sharps box in a sluice room and mop heads left in water in mop buckets. This was brought to the attention of the manager who immediately removed the sharps box and instructed the housekeeping staff to remove the mops, thoroughly clean them and that this practice must stop.

We observed that a number of doors (5) in the home were wedged open including the manager's office door. Whilst the identified doors did not specifically state they were fire doors they were located on a corridor accessing residents' bedrooms and lounge areas. This was discussed with the manager who was advised to contact the fire officer in the trust and discuss the issue of the wedging open of doors. This has been identified as an area for improvement.

6.2.3 Residents views and daily life

We arrived in the home at 10.00 hours and were met immediately by staff who offered assistance. Residents were present in the lounge, dining room or in their bedroom, as was their personal preference. Observations of interactions throughout the day demonstrated that residents were relating positively to staff and to each other. We asked residents if they felt staff treated them with respect and gave them choice in their daily lives. One resident responded, "Yes to choice, staff come round the day before and ask you for your menu choice."

Activities are planned and suggested by staff however it may change on a daily basis depending on what residents state they would prefer. Activities are a mixture of small group activities and one to one activity. There was a wide range of activities available for patients including crafts, board games, quizzes and musical entertainers coming into the home. We spoke with a staff member who was doing manicures in the lounge. The staff member stated that these types of activities were 'great' for reminiscing, she and the residents had been talking about the clothes they used to wear and how fashions had changed, one of the residents also commented, "Very attentive, they're (staff) on the ball."

We viewed a number of thank you cards received from residents who had returned home and/or their representatives. The comments written were very complimentary and included:

- "Every single member of staff was terrific, helpful, encouraging, good humoured and wonderful." - Former resident, December 2019.
- "Thank you so much for your care...may you all be encouraged by the quality of your service provided." - Former resident, November 2019

We met with residents throughout the inspection. Residents were very positive regarding the care afforded by staff and commented:

- “Nothing but praise for the staff.”
- “Staff are remarkably caring.”
- “They’re (staff) interested in you and what you hope to achieve.”
- “It’s wonderful, just buzz and they’re (staff) there on the spot.”
- “It’s very homely and staff are very attentive.”
- .Nobody could say you’re being starved in here.”

There were five questionnaires returned from residents or their representatives following the inspection. Four questionnaires indicated that they were very satisfied that care was safe, effective and compassionate and the service was well led. One respondent was not satisfied in respect of the delivery of care or that the service was well led. Additional comments made included:

- “I think as an individual I should be able to state my views in respect of the excellent care.”
- “Very, very happy with all care.”

Comments received from staff during the inspection included:

- “I’ve no problem going to the manager if I need to, I find the manager very approachable.”
- “It took me a while to get used to the routines and paperwork but they gave me two weeks to settle in and shadow others.”
- “It’s a good place to work; everyone helps each other and keeps you up to date with what’s going on.”
- “Staffing is good; staff are very good at picking up shifts when needed.”

There were no staff questionnaires were completed and returned to RQIA following the inspection.

6.2.3.1 Serving of lunch

We observed the serving of lunch in the dining room. Residents were assisted to the table in timely manner before the serving of lunch. The menu was displayed for residents’ information. Staff were present throughout the meal to provide assistance and reassurance as required. Whilst there were no residents who required a modified diet or assistance with their meal, staff remained in the dining room to serve the main course and dessert. Even though residents had decided their meal choice previously, staff still offered residents a choice prior to serving their meal. Meals were plated individually and served directly to the residents. Staff told us that as they plate the meals they can adjust meals and portion sizes in response to residents’ preferences and individual need. Senior staff remained in the dining room during the meal service to administer medication.

6.2.4 Management and governance arrangements

The manager, Glynis Ellison, had been working in an ‘acting’ capacity however the post was made permanent in November 2019. The manager was reminded of the need to submit an application for registration with RQIA and to give this priority. The manager facilitated the inspection and demonstrated a good understanding of the relevant regulations, care standards and the systems and process in place for the daily management of the home. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings,

monitoring reports, audit records, residents care records and staffing information. Feedback and discussion took place at the conclusion of the inspection with the manager and areas of good practice and areas for improvement were identified.

The manager has implemented a range of monthly audits to assist her with reviewing the quality of services delivered. The manager was knowledgeable of the auditing process and explained that the action required to achieve any improvements are shared with the relevant staff and rechecked by the manager to ensure the action has been completed. Audits were available and reviewed relating to any accident or incident which had occurred and complaints management. However, as previously discussed in 6.2.1 there were shortfalls in the governance arrangements. For example, a more comprehensive system for monitoring staffs compliance with mandatory training is needed, ensuring the completion of induction training, ensuring regular care staff meetings and the availability of the monthly quality monitoring report, with completed actions.

A monthly quality monitoring visit was undertaken in accordance with Regulation 29. Records of the past three months were requested for review. February's report was unavailable as the manager stated she had not received it as yet and January's report was eventually made available. The reports, when reviewed, included the views of residents, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. It is expected that these reports are available in the home for residents and other parties to read if they wish to and also that the reports evidence that the manager has addressed any recommendations stated in the report. The monthly quality monitoring reports are a key component of the home's internal governance arrangements. This has been identified as an area for improvement as discussed in the previous paragraph.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff attentiveness to residents and the delivery of care which took into account personal choice for residents. Residents were enthusiastic and well informed of the planned activities. Staff were knowledgeable of the needs of the residents and worked well as a team to deliver the care residents' required. The environment was homely and comfortable.

Areas for improvement

Areas for improvement were identified regarding establishing effective systems to provide the manager with oversight of the services delivered and stopping the practice of wedging open doors.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Glynis Ellison, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (4) Stated: First time To be completed by: Immediate | <p>The registered person shall ensure that the practice of wedging open of doors is stopped and that consultation takes place with the nominated fire risk assessor for the trust regarding appropriate mechanisms for holding open the identified doors.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All wedges have been removed and staff have been informed not to wedge doors open</p> |
| Area for improvement 2 Ref: Regulation 17 Stated: First time To be completed by: 30 April 2020 | <p>The registered person shall that robust governance arrangements are in place which with oversight of the services delivered. Governance oversight is required for the areas detailed in the report including:</p> <ul style="list-style-type: none"> • monitoring staffs compliance with mandatory training requirements • ensuring newly appointed staff complete induction training • the availability of the regulation 29, monthly quality monitoring reports. The reports should evidence the action taken to address any recommendations stated in the report. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: A new central training file with an individual training record sheet for all Mandatory training has been set up for staff's attendance at training to be recorded. New staff induction now completed and signed off. All Quality Monitoring Reports have been printed off and actions taken regarding recommendations</p> |
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 23.1 Stated: Second time To be completed by: 1 November 2019 | <p>The registered person shall ensure that the induction training records of newly appointed staff evidence the signature of the staff member and supervisor on completion of the training programme and that the record has been validated by the manager in respect of a satisfactory outcome.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: All induction programmes have now been signed by both the Manager and the Member of staff</p> |

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)