

Unannounced Care Inspection Report

9 June 2016



Northwick House

Type of Service: Residential Care Home
Address: 1 Aghalun Road, Brookeborough, BT94 4EY
Tel No: 028 8953 1630

1.0 Summary

An unannounced inspection of Northwick House took place on 9 June 2016 from 10.15 to 15.30.

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

Is care safe?

One requirement was made. This related to the need to ensure that staff appraisals are completed annually. Three recommendations were made. These related to the need to:

- ensure supervision is completed with staff members no less than every six months
- review the adult safeguarding policy to ensure it reflects the current regional guidance
- ensure the malodour in two identified bedrooms is addressed and repair the two identified damp areas on the landing

Is care effective?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

One recommendation was made in regard to the need to ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur.

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	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Dorothy Johnston, registered provider, 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 medicines management inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Carole Johnston and Dorothy Johnston	Registered manager: Carole Johnston
Person in charge of the home at the time of inspection: Dorothy Johnston	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 15
Weekly tariffs at time of inspection: £494.00	Number of residents accommodated at the time of inspection: 9

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with nine residents, two relatives, two care assistants and the registered provider.

Five resident views, three representative views and five staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 6 June 2016
- Supervision and appraisal records
- Record of a completed induction programme
- Mandatory training records
- Staff recruitment files
- A staff competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Record of complaints
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last care inspection dated 24 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 (1) (d) Stated: Second time To be Completed by: 22 November 2015	The registered person must inform RQIA of all events which affect the care, health, welfare or safety of any resident. Action taken as confirmed during the inspection: A review of the accident and incident records confirmed that these were appropriately managed and reported.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.6 Stated: First time To be completed by: 30 December 2015	The registered person should ensure that the assessment and care plan for one identified resident is reviewed and updated to reflect the changes in health status. Action taken as confirmed during the inspection: A review of this identified resident's care records confirmed that the care was reviewed and updated accordingly.	Met

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 – one care assistant and the registered provider.

A review of a completed induction record and discussion with the registered provider and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. A review of three staff files confirmed that supervision was last completed for two staff members in September and October 2015. A recommendation was made to ensure supervision is completed with staff members no less than every six months.

Two out of three staff files reviewed contained no record of completed appraisals. A requirement was made to ensure staff appraisals are completed annually.

The registered provider and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two staff competency and capability assessments were reviewed and were found to be updated annually.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered provider and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place, dated April 2014, included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding 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 to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff on 24 August 2015. Further adult safeguarding training is scheduled for August 2016.

The registered provider reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered provider described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered provider confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered provider identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated annually or more often if required.

The registered provider confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. Inspection of 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 infection, prevention and control (IPC) procedures.

A general inspection of the home was undertaken to examine residents' bedrooms, bathrooms, the communal lounges and the dining room. The residents' bedrooms were personalised with photographs, pictures, spiritual emblems and personal items. The home was mainly fresh smelling, clean and appropriately heated. A malodour was noted in two identified bedrooms. A recommendation was made that the malodour in the two identified bedrooms is addressed.

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. A damp area was observed on two walls on the landing. A recommendation was made that these two damp areas are repaired. This forms the second element of the recommendation made in the paragraph above. There were no obvious hazards to the health and safety of residents, visitors or staff.

A review of the fire safety risk assessment, dated 6 July 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 27 April 2016 and records retained of staff who participated. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained.

Areas for improvement

One requirement was made. This related to the need to ensure that staff appraisals are completed annually. Three recommendations were made. These related to the need to:

- ensure supervision is completed with staff members no less than every six months
- review the adult safeguarding policy to ensure it reflects the current regional guidance
- ensure the malodour in two identified bedrooms is addressed and repair the two identified damp areas on the landing

4.4 Is care effective?

Discussion with the registered provider 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 up to date assessment of needs, life history, risk assessments, care plans and a regular statement of health and well-being of the resident. Care records were 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 and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. This was also recorded separately on a professional contact sheet.

The registered provider confirmed that records were stored safely and securely in line with data protection.

The registered provider confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered provider and staff confirmed that management operated an open door policy in regard to communication within the home.

Discussion with residents and two representatives, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

Areas for improvement

There were no areas of improvement identified within this domain.

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

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

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Spiritual emblems were observed within residents' bedrooms. The registered provider reported that the local clergy visit the home on a regular basis. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered provider, residents and representatives confirmed that consent was sought in relation to care and treatment. Residents and their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Through discussion with staff they were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents confirmed they receive the daily and weekly newspapers. The hairdresser was present in the home during the inspection. Care records contained activity

assessments which were reviewed annually. An activity programme was displayed in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

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. Such systems included daily discussions with staff, residents meetings and care management reviews.

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

Some residents’ comments made during the inspection were:

- “This is the best place going. The food is good and they cater for my diabetes. I can’t believe this place suits me so well. There are always plenty of staff around and they are very good.”
- “The food is lovely and it is good home cooked food. We are all really happy in here, there are always plenty of staff around.”

Some representatives comments made during the inspection were:

- “I am very happy with all the care provided to my relative, they are well looked after.”
- “We are happy that our relative is so happy, we didn’t think he would settle so well.”

Some staff comments made during the inspection were:

- “This is a very happy and supportive environment. Dorothy and Carole are very approachable.”
- “The residents are always very happy. Dorothy and Carole are very supportive.”

Areas for improvement

There were no areas of improvement identified within this domain.

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

The registered provider confirmed that there were management and governance systems in place to meet the needs of residents.

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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. As referred to later in this section the complaints policy was dated September 2010, the whistleblowing policy was dated October 2012 and the accident/incident and notifiable events policy was dated September 2011. A recommendation was made to ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place as outlined above. Residents and their representatives were made aware of the process of how to make a complaint by way of the complaints procedure displayed in communal sitting rooms. The complaints procedure detailed the onward referral arrangements if local resolution was not achieved.

The registered provider reported there had been no recent complaints made in the home. A review of the complaints records confirmed this. The registered provider has a system in place which ensures that there are clear arrangements for the management and recording of complaints from residents and any other interested parties. This system included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A record of compliments was maintained in the home. Some comments noted within this record were:

- "You provided a loving home for (our relative) and one in which our relative felt secure. Our relative was a very special person to us and it was comforting to know our relative was safe and so well looked after."
- "We feel most grateful to think of the excellent care you gave to our relative in their final days and hours. Thanks for both your kindness and understanding at their removal. The whole atmosphere was so warm and nice and the tea was appreciated by all."

The registered provider confirmed the home had an accident/incident and notifiable events policy and procedure in place as outlined above which included reporting arrangements to RQIA. A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered provider is kept informed regarding the day to day running of the home as she works within the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. 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 provider confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

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

The registered provider confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place as outlined above. The registered provider 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.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One recommendation was made. This related to the need to ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Dorothy Johnston, registered provider, 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 your premises.

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.

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 The DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review 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 20 (1) (c) (i) Stated: First time To be completed by: 31 July 2016	The registered provider must ensure that staff appraisals are completed annually. Response by registered provider detailing the actions taken: Appraisals have all be completed in July 2016. These will be completed annually.
Recommendations	
Recommendation 1 Ref: Standard 24.2 Stated: First time To be completed by: 31 July 2016	The registered provider should ensure supervision is completed with staff members no less than every six months. Response by registered provider detailing the actions taken: Supervision is all up to date and will be completed at least 6 monthly.
Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 9 September 2016	The registered provider should review the adult safeguarding policy to ensure it reflects the current regional guidance. Response by registered provider detailing the actions taken: Currently being updated.
Recommendation 3 Ref: Standard 27.1 Stated: First time To be completed by: 31 July 2016	The registered provider should ensure the following: <ul style="list-style-type: none"> • the malodour in two identified bedrooms is addressed • the two damp areas on the landing are repaired Response by registered provider detailing the actions taken: Malodour in 2 bedrooms has been addressed and is kept under control. Damp area in landing is under repair at present.
Recommendation 4 Ref: Standard 21.5 Stated: First time To be completed by: 9 September 2016	The registered provider should ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur. Response by registered provider detailing the actions taken: Currently being reviewed to meet guidelines.

**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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