

Inspection Report

12 January 2024



Northwick House

Type of service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northwick House Responsible Individuals: Mrs Carole Helena Johnston Mrs Dorothy Elizabeth Hannah Johnston	Registered Manager: Mrs Carole Helena Johnston Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Carole Johnston, Manager	Number of registered places: 15 This number includes a maximum of 5 residents in category RC-DE and a maximum of 2 residents in categories RC-LD or RC-LD (E).
Categories of care: Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment DE – dementia LD – learning disability LD(E) – learning disability – over 65 years PH(E) - physical disability other than sensory impairment – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. Bedrooms are located over two floors and residents have access to communal and dining areas.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2024 from 10.30am to 3pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was found to be warm, welcoming and clean. Bedrooms were personalised and reflected items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Four new areas requiring improvement were identified during this inspection. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the management with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoken with stated that Northwick House was "a good place" and "we are well looked after." All of the residents commented positively on the food provision and said it was "good home cooked food." Residents praised the staff working in the home. They described the staff as "good kind people" and "very attentive." Compassionate interactions were observed between staff and the residents.

Staff stated that there was enough staff on duty to meet the needs of the residents and that there was good teamwork. Staff reported that the care provided in the home was of a good standard and that this was a good place to work. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Staff described the management team as very supportive and approachable.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 January 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: First time	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are completed in a timely manner following admission to the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Whilst there was evidence that a system was in place to ensure staff were recruited correctly, it was noted that the dates of the applicant's employment were not recorded; therefore, unable to identify any gaps in employment. In addition, written references were provided following commencement of the employment. This

was discussed with the manager who advised that verbal references would be sought prior to the offer of employment; however this was not documented. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC). Advice was given to the manager to ensure this is signed off by the manager, when checked.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support from staff reporting: "It's great in here."

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Examination of records confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The atmosphere was calm and relaxed and staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Residents were offered a choice of meals including where and when to have their meals. Staff demonstrated their knowledge of individual resident's likes and dislikes. Residents said they very much enjoyed the food provided in the home.

Staff told us how they were made aware of residents' nutritional needs to ensure that any recommendations made by Speech and Language Therapy (SALT) were adhered to. Care records reviewed were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. These records were also reviewed and updated prior to any admission to the home.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Records were kept of how each resident spent their day and the care and support provided by staff.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was found to be warm and maintained to a good standard. The communal lounge and dining room were welcoming spaces for residents.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

It was noted that one of the fire doors upstairs was noisy and was closing very heavily; this could potentially injure a resident and increase the risk of falls, when using the door. This was identified as an area for improvement.

Corridors and fire exits were clear from clutter and obstruction. Review of the most recent fire safety risk assessment confirmed that this was completed on 5 October 2023. There were no recommendations made as a result of this assessment.

A malodour was identified in two areas in the home; this was identified as an area for improvement.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE).

Staff were found to be wearing PPE all the time; this included aprons and gloves. This was discussed with the manager as such use of PPE is not required and adequate handwashing is sufficient. In addition, the manager was advised about the use of plastic pull cords in bathrooms and some high level dusting was required in the home. This was identified as an area for improvement.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

5.2.5 Management and Governance Arrangements

There had been no change in the management of the home since the last inspection. Mrs Carole Johnston is the registered manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

It was established that there were systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to monitor and report accidents and incidents that happened in the home. However, it was noted that there was no system in place to undertake an audit of accidents and incidents to identify trends and patterns. This was identified as an area for improvement.

There was evidence that complaints were managed correctly and that good records were maintained.

In addition to working in the home; the registered person also visited the home each month on an unannounced basis to consult with residents, their relatives and staff and to examine the running of the home. The reports of these visits were completed and available for review as required.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	1	4*

* the total number of areas for improvement includes one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Carole Johnston, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 13 January 2024	The registered person shall ensure that prior to the commencement of new staff; two written references are received and a fully completed employment history is recorded with dates so that any employment gaps can be fully explored. Ref: 5.2.1 Response by registered person detailing the actions taken: This practice will be adhered to for future employees.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 2 September 2022	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 1 February 2024	The registered person shall review the closing force of the identified automatic door self-closing device in an attempt to reduce the risk of falls and the noise levels in the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: Joiner has repaired identified door closure.
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 1 February 2024	The registered person shall address the malodour in the two identified areas in the home. Ref: 5.2.3
	Response by registered person detailing the actions taken: Carpert has been cleaned in one area and the other area has received a deep clean. Malodour has been eliminated
Area for improvement 4 Ref: Standard 35 Stated: First time To be completed by: 1 February 2024	The registered person shall ensure that IPC issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: Staff updated on occasions when it is only necessary to wear PPE.
Area for improvement 5 Ref: Standard 20.10 Stated: First time To be completed by: 29 February 2024	The registered person shall ensure that a monthly audit of accidents and incidents is completed. Ref: 5.2.5
	Response by registered person detailing the actions taken: New auditing system is now in place with a dedicated person to complete these monthly audits.

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