



Unannounced Care Inspection Report 19 December 2019



Northwick House

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

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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

This is a registered residential care home which provides care for up to 15 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Northwick House</p> <p>Responsible Individual(s): Dorothy Elizabeth Hannah Johnston Carole Helena Johnston</p>	<p>Registered Manager and date registered: Carole Helena Johnston 01 April 2005</p>
<p>Person in charge at the time of inspection: Dorothy Johnston then joined at 12.40 hours by Carole Johnston</p>	<p>Number of registered places: 15</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia disability or dementia – over 65 years 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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 14</p>

4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 10.30 hours to 13.45 hours.

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, with a focus on the standard on staffing.

Evidence of good practice was found in relation to feedback from residents, managerial oversight in the home and maintenance of good working relationships.

No areas requiring improvement were identified during this inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report. Some of the comments made included statements such as: "I just love it here. I can't praise it enough. It is all very good" and "They are all lovely here. There are no problems at all".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Carole Johnston, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 20 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 20 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

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

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- one staff member's recruitment and induction records
- two residents' records of care
- residents' progress records
- complaint records
- compliment records
- accident / incident records
- fire safety risk assessment
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the last care inspection dated 20 June 2019

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 27(2)(t) Stated: First time	The registered person shall risk assess all individual radiators and hot surfaces in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: This was discussed with the manager who confirmed that these were risk assessed and that a temperature control was in place to ensure there is not excessive heat from radiators/hot surfaces.	
Area for improvement 2 Ref: Regulation 19(a) Schedule 3 (3)(k) Stated: First time	The registered person shall review with staff the quality of recording in residents' progress records. These records needs to account for residents' progress and well-being, as well giving detail of when issues of need arise, what care/treatment was given and what was the effect of same.	Met
	Action taken as confirmed during the inspection: An inspection of residents' progress records confirmed improvement in this area. Records took account for residents' progress and well-being, as well giving detail of when issues of need arise, the care/treatment was given and the effect of same.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: Second time	The registered person shall; <ul style="list-style-type: none"> Remove any inappropriate storage under the stairwell Repair and make good the corridor wall opposite bedroom six. 	Met
	Action taken as confirmed during the inspection: These areas were observed to have been attended to.	

6.2 Inspection findings

Throughout this inspection, residents advised/indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed.

Ancillary support staff were in place with roles with catering and housekeeping.

Staff advised that there was good team working in the home, regardless of roles. Evidence of this was available from general observations of care practices and how staff interacted and supported each other for the benefit of residents.

Throughout this inspection staff praised the managerial arrangements and support. The home manager and responsible individual both work shifts in the home, with the manager also undertaking these over a seven day period.

Staff induction and supervision

Discussions with staff confirmed that any new members of staff have received an induction. Staff also advised that a programme of supervisions was in place and maintained in a regular and up-to-date basis. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis by the manager.

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

Environment

The home was clean and tidy with décor and furnishings being maintained. Paintwork had been completed in the corridors and lounges.

Residents' bedrooms were comfortable, with dated décor and furnishings, but fit for purpose. Some were personalised through choice. Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another.

Toilets and bathrooms were clean and hygienic. A bathroom in the first floor had dated sanitary ware but fit for purpose.

There was good provision of infection prevention and control aids and equipment throughout the environment.

Fire safety

The home's most recent fire safety risk assessment was dated 7 May 2019. There were no recommendations made as a result of this assessment.

An inspection of fire safety records confirmed that fire safety training and safety drills were maintained on an up-to-date basis and there were regular and up-to-date fire safety checks in the environment.

Care records

An inspection of two residents' care records was undertaken. These records were organised in a methodical manner and were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example falls, safe moving and handling, and nutrition, were reviewed and updated on a regular basis or as changes occurred.

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 individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the care records.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Examples of this were found from observations of infection prevention and control practices and the overall relaxed social atmosphere in the home.

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Most preferred to enjoy the company of one another in the two communal sitting rooms.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents' meals and snacks. Observations throughout the inspection confirmed that residents were treated with dignity and respect.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed/indicated that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included:

- "I just love it here. I can't praise it enough. It is all very good"
- "They are all lovely here. There is no problems at all"
- "Everything is very good. the staff are all wonderful"
- "I am very happy here. I am doing very well and feel a lot better for coming here. The staff are wonderful and kind"
- "I can't praise the staff enough".

Visitor's views

A visitor to the home spoke warmly about the provision of care, the kindness of staff and the overall homeliness of the home.

Staff views

Staff spoke positively about their roles, duties, training, teamwork and morale. Staff advised that they felt well supported by management and that they took pride in their work.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, managerial oversight in the home and maintenance of good working relationships.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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