



The Regulation and
Quality Improvement
Authority

Northwick House
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Brookeborough
BT94 4EY

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**Unannounced Care Inspection
of
Northwick House**

24 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 24 November 2015 from 10.30 to 15.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. One requirement was stated for the second time in regard to the reporting of accidents and incidents. One recommendation was made to update an assessment and care plan for one identified resident.

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

1.1 Actions/enforcement taken following the last inspection

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

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

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

The details of the QIP within this report were discussed with Carole Johnston, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Mrs Dorothy Johnston & Mrs Carole Johnston	Registered Manager: Mrs Carole Johnston
Person in Charge of the Home at the Time of Inspection: Mrs Carole Johnston	Date Manager Registered: 1 April 2005
Categories of Care: RC-I,RC-PH, RC-PH(E), RC-DE, RC-MP Maximum of 2 residents in category RC-DE and 3 residents in category RC-MP	Number of Registered Places: 15
Number of Residents Accommodated on Day of Inspection: 8	Weekly Tariff at Time of Inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with eight residents, three care staff and the registered manager.

We inspected the following records: three care records, accident /incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents meetings.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 17 November 2015. This report is in the process of completion.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30 (1) (d) Stated: First time	<p>The registered person must inform RQIA of all events which affect the care, health, welfare or safety of any resident.</p> <p>Action taken as confirmed during the inspection: A review of the accident and incident records and care records identified three incidents within the home where RQIA were not informed. This requirement was not met. This requirement will be stated for the second time.</p>	Not met
Requirement 2 Ref: Regulation 27 (4) (a) Stated: First time	<p>The registered person must ensure that a fire safety risk assessment is undertaken.</p> <p>Action taken as confirmed during the inspection: The fire safety risk assessment dated 6 July 2015 was available in the home during the inspection.</p>	Met
Requirement 3 Ref: Regulation 27 (4) (e) Stated: First time	<p>The registered person must ensure that all persons working at the home receive up to date fire training from a competent person.</p> <p>Action taken as confirmed during the inspection: The record of staff training confirmed that fire safety training was completed by staff on 17 June 2015. The registered manager confirmed that further fire safety training is scheduled for 14 December 2015.</p>	Met
Requirement 4 Ref: Regulation 29 (3) Stated: First time	<p>The registered person must ensure these visits are undertaken on a monthly basis and a written report is available in the home.</p> <p>Action taken as confirmed during the inspection: A review of the regulation 29 visits confirmed that these visits were undertaken on a monthly basis and a written record maintained.</p>	Met

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time	The registered person should review the policies relating to dying and death and the management of continence in accordance with this standard.	Met
	Action taken as confirmed during the inspection: The policies in regard to dying and death and the management of continence were available in the home for the purposes of inspection. Both policies were reviewed in June 2015.	
Recommendation 2 Ref: Standard 27.1 Stated: First time	The registered person should address the malodour in one identified resident's bedroom.	Met
	Action taken as confirmed during the inspection: The malodour in the identified bedroom was addressed. The carpet was shampooed.	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was noted during the inspection where the residents were discussing the craft fair at the home on the following day. The residents confirmed they will be actively involved in the craft fair and cookery demonstration.

The residents and staff confirmed that they had a residents meeting on the 11 September 2015. At residents meetings their views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. Records of these meetings were available during the inspection.

A suggestion box was on display in the home.

An inspection of care records in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the residents.

We noted in one care record where the assessment and care plan had not been reviewed to reflect the changes in health status. We made a recommendation to address this.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within care records. Residents and /or their representatives attended and participated in their care management review where possible.

The registered manager shared with us the annual quality review report dated February 2015. This reflected the views of residents, representatives and other external visitors to the home.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their daily practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

One recommendation was made to update an assessment and care plan for one identified resident. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

i.4.1 Residents views

We met with eight residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. We noted the residents receive both the daily and weekly papers. Residents were praising of the staff and advised that their wishes were respected in so far as possible. Some comments made were:

- "The food is really good."
- "I am very happy in here; I wouldn't have stayed so long if I didn't like it."
- "I get the daily papers."

i.4.2 Staff views

We spoke with three care staff members, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

The staff stated that they felt supported by the management and advised that they were approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- "A good standard of care is provided here, I enjoy coming to work it's like family here."
- "We try to provide the best care for the residents; it's a brilliant staff team."

i.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. Spiritual emblems were noted within residents' bedrooms.

i.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail.

i.4.5 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 6 July 2015.

We reviewed the fire safety records and could confirm that fire safety training was completed on 17 June 2015. The registered manager confirmed that further fire safety training is scheduled for December 2015. The records indicated that a fire drill took place on 11 September 2015.

i.4.6 Accidents / Incident reports

We reviewed accident/incident records which have occurred since the previous inspection. We found three incidents where RQIA were not informed. This requirement was stated for the second time. The registered manager was referred to the RQIA guidance on reporting of statutory notifications.

i.4.7 Complaints / Compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

i.4.8 Visits by the Registered Provider

We reviewed the record of these visits. This record confirmed that these visits were unannounced and were undertaken on a monthly basis.

Areas for improvement

A requirement in regard to the reporting of accidents and incidents was stated for the second time.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carole Johnston, registered manager. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 the RQIA would apply standards current at the time of that application.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non-paperlite) and assessed by the Inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1	The registered person must inform RQIA of all events which affect the care, health, welfare or safety of any resident.		
Ref: Regulation 30 (1) (d)	Response by Registered Person(s) detailing the actions taken:		
Stated: Second time	Staff have been informed that all hospital admissions are to be reported to RQIA.		
To be Completed by: 22 November 2015			
Recommendations			
Recommendation 1	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.		
Ref: Standard 6.6	Response by Registered Person(s) detailing the actions taken:		
Stated: First time	Assessment and Care plan is updated.		
To be completed by: 30 December 2015			
Registered Manager completing QIP	Carole John Aze	Date completed	29/12/15
Registered Person approving QIP	Dorothy Jett	Date approved	29/12/15
RQIA Inspector assessing response	Lawrence Harkin	Date approved	11.1.16

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