

Inspection Report

24 November 2021



Northwick House

Type of Service: Residential Care Home (RCH)
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Northwick House</p> <p>Responsible Individual(s): Mrs Dorothy Elizabeth Hannah Johnston Mrs Carole Helena Johnston</p>	<p>Registered Manager: Mrs Carole Helena Johnston</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Carole Helena Johnston</p>	<p>Number of registered places: 15</p> <p>Maximum of 5 residents in category RC-DE. Maximum of 2 residents in categories RC-LD or RC-LD (E)</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – 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.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 13</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 15 persons. Resident bedrooms are located over the two floors. Residents have access to communal lounges, dining rooms and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 November 2021 between 10.15am and 3.30pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour. We observed that staff were familiar with the needs of the residents and knew the residents well. Staff told us they were supported in their roles with training and resources.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. The feedback from residents confirmed that they were satisfied with the care and service provided in Northwick House.

Two areas of improvement were identified during this inspection in regards to fire safety and care records.

RQIA were assured that the delivery of care and services provided in Northwick House was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the management team 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 registration information, the previous quality improvement plan 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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with 13 residents and two staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the home as being like a family environment and that staff were helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Four questionnaires were returned from residents within the required timeframe. All of the responses received indicated that residents were satisfied with the care provided in the home.

We met with one relative during the inspection. We were advised that the staff in the home were very helpful and supportive to them. Comments included: "This is a great place; I have such peace of mind. They (staff) keep me up to date. When visiting was closed they phoned me all the time; they really go the extra mile. There is good continuity of staff. The food is really good."

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role.

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 09 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: First time	The registered person shall ensure that fire safety training is completed by all staff twice yearly. Ref: 6.2.1	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this training was initially scheduled for September 2021; however this was cancelled by the trainer. This is now scheduled for 6 December 2021.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the identified shower chairs and raised toilet seats are replaced. Ref: 6.2.5	Met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed this area for improvement was met.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that the quality and detail of the monthly monitoring reports is improved upon. Ref: 6.2.6	Met
	Action taken as confirmed during the inspection: A review of records confirmed that the detail within these reports was improved.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, first aid and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a planner in place to ensure that staff received regular supervision and appraisal.

Review of a sample of employee recruitment records evidenced that there were robust systems were in place to ensure that residents are protected.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the management team were approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

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. This was good practice.

Examination of records and discussion with the manager and staff 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. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff.

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 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. We noted on one care record where a resident was prescribed food supplements however this was not included in the most up to date care plan. This was identified as an area for improvement.

Residents' needs were assessed at the time of their admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially. We noted on one care record where the care plan was not reviewed recently. This was discussed with the manager and identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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 observed to be clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire exits and corridors were observed to be clear of clutter and obstruction. However we observed fire doors which were not fully closing. This was identified as an area for improvement to ensure this is addressed.

The home's most recent fire safety risk assessment was completed on 24 May 2021. There was no action plan within this assessment.

We also observed a door within a communal area which was heavy and closed quickly. This was discussed with the manager to review the self-closing device as this could increase the risk of falls to the residents.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in

small groups. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television.

The choice of television programmes was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents made the following comments; "It's a great place, if you want anything, just ask. Everyone is so helpful and I have peace of mind especially at night. I feel safe and the food is really good" and "I am looked after well in here, I have the buzzer there if I need anything. I am happy enough in here."

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Carole Johnston has been the registered manager in this home since 1 April 2005.

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 commented positively about the manager and described her as 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. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were supported by staff to have meaning and purpose in their daily life in Northwick House; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents. Staff responded to the needs of the residents and provided support in a timely way.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team

7.0 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 (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

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 27 (4) (b) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that all fire doors are fully closing. Ref: 5.2.3 Response by registered person detailing the actions taken: Fire doors are all currently being checked. This work remains ongoing.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that care plans accurately reflect the needs of the residents and are reviewed on a regular basis. Ref: 5.2.2 Response by registered person detailing the actions taken: Care plan discussed has been updated. All care plans are up to date.

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



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