

# Inspection Report

**Name of Service:** Northwick House

**Provider:** Northwick House

**Date of Inspection:** 26 February 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Northwick House
<b>Responsible Persons:</b>	Mrs Dorothy Elizabeth Hanna Johnston Mrs Carole Helena Johnston
<b>Registered Manager:</b>	Mrs Carole Helena Johnston
<b>Service Profile</b> This home is a registered residential care home which provides health and social care for up to 15 residents with physical and frail elderly needs over 65 years of age. Accommodation is provided on over two floors and all residents have access to communal areas and a secure outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 February 2025 from 10.10am to 3pm, by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; to review the previous areas for improvement identified during the last care inspection on 12 January 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The home was found to be warm and comfortable. Bedrooms were personalised to reflect the residents' individual tastes and preferences.

Residents reported that they were happy in the home; that the staff were kind to them and that they were well looked after.

Staff advised that they were supported in their role by the management and that the standard of care provided to the residents was important to them.

As a result of this inspection the areas for improvement from the previous quality improvement plan were assessed as met. One area for improvement from a previous inspection was carried forward for review to the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Residents spoke positively about their experience of life in the home. Comments included: "they are very good in here," "staff are very kind" "we are well looked after" and "the food is very good."

Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask. Residents commented positively on the meal and activity provision in the home.

One relative spoken with advised that there was good communication with the staff team and that they had no concerns in regards to the care of their loved one; "they are very good in here, it is a great place, its home from home. The staff are always so welcoming. There is really good communication with the staff and they always keep me updated of any changes."

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication.

One questionnaire was returned to RQIA from a relative following the inspection. The respondent indicated that they were happy with the care provision and commented "... receives excellent care and is so happy, as a family we could not ask for better. We have great peace of mind knowing that someone is there."

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were always available and responded promptly to requests for assistance. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents' were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and residents interactions during activities found staff to be reassuring and compassionate.

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 were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activity available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying their meal and their dining experience.

There was enough staff supervision in place throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

It was noted that there was no clear system in place to inform staff of those residents who required a modified diet. This was identified as an area for improvement.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities. However there was no activities schedule was on display in the home. This was identified as an area for improvement.

Residents advised that there was always plenty to do in the home. Written records were in place to reflect group and individual activities undertaken by residents such as church services, flower arranging and crafts. Staff were observed sitting with residents and engaging in discussion. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home.

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. However it was noted that there was no photograph of the resident within certain care records. This was identified as an area for improvement.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

### **3.3.4 Quality and Management of Residents' Environment Control**

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

It was noted that there was one area which required redecoration. This was part of planned refurbishment. This will be followed up at a future inspection.

Systems and processes were in place to manage infection prevention and control which included regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

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

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4*

Areas for improvement and details of the Quality Improvement Plan were discussed with Dorothy Johnston, Responsible Person, 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 Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 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: 2.0
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time  <b>To be completed by:</b> 12 March 2025	The registered person shall ensure that there is a clear system in place to inform staff in relation to those who require a modified diet.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> Information placed on kitchen notice board. Reflected in individual care plans
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 12 March 2025	The registered person shall ensure that an activities schedule/planner is displayed for residents in the home.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> Activities planner on noticeboard in resident dayrooms.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 12 March 2025	The registered person shall ensure that all residents' care records contain a recent photograph.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> All care records have a recent photograph of the applicable resident.

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



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

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