

# Inspection Report

10 October 2023



## Northlands Addiction Treatment Centre

**Type of Service: Residential Care Home**  
**Address: Shepherds Way, Dungiven Road, Waterside**  
**Londonderry**  
**BT47 5GW**  
**Tel no: 028 7134 5085**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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

<b>Organisation:</b> Northlands Addiction Treatment Centre  <b>Registered Person:</b> Mr Niall Blee – not registered	<b>Registered Manager:</b> Mr Tommy Canning – not registered
<b>Person in charge at the time of inspection:</b> Mr Tommy Canning	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides care for up to eight residents. The home offers a six-week placement for people who are undertaking treatment for alcohol or drug addiction. Counselling is also provided for non-residential persons who attend the home as part of their treatment programme.  The home is a two storey building with residents' bedrooms located on the first floor. Offices and counselling rooms are located over the two floors. Residents have access to a communal lounge, dining area and an outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 October 2023, from 9.50 am to 3.05 pm by a care inspector.

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.

Concerns were identified during the inspection in relation to staffing arrangements in the evenings, at night and over the weekend; recruitment; fire drills and the reporting of incidents. As a result of these concerns, a meeting was held by RQIA with the management team of Northlands Addiction and Treatment Centre on the 6 November 2023.

At the meeting the management team advised of the actions proposed to ensure the improvements necessary to achieve compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards (December 2022). The management team further agreed to provide an update to RQIA on or before 16 December 2023 with specific reference as to how they plan to staff the home in order to meet the regulations and standards. The outcome from the inspection and the meeting that followed was shared with the Western Health and Social Care Trust (WHSCT).

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff are included in the main body of this report.

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 the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 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**

Residents appeared relaxed in their environment and interactions with staff. One resident spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Comments included: "Brilliant place", "(The) staff have been very supportive" and described the service as: "Invaluable". There were no questionnaires received from residents or relatives.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: “I love it here” and a further staff member said “I feel very supported by management”. There was no feedback from the staff online survey.

## 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 15 August 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that all volunteer staff complete/update mandatory training specific to their role.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager evidenced that this area for improvement had been met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Review of the staff duty rota and discussion with the manager raised concerns regarding staffing arrangements in the evenings, at night and over the weekend, where volunteers complete these shifts in a ‘sleep over’ capacity, without any direct supervision from staff. The manager confirmed that volunteers were supported by a staff member ‘on call’ and were also required to complete mandatory training.

Whilst RQIA acknowledge that this may not have impacted on the care delivery to residents to date, and the valuable role volunteers contribute alongside staff with their lived experience of the service; the Residential Care Homes Minimum Standards (December 2022), Standard 25.2, states that volunteers should not be taken into account in the overall staffing calculation and an area for improvement was identified.

At the meeting with RQIA on 6 November 2023, the management team agreed to discuss this urgently with their Board and update RQIA with a robust staffing plan on or before 16 December 2023.

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 first aid and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. Improvements are required in relation to the robustness of fire drills and this is outlined in Section 5.2.3.

A system was in place for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff recruitment and induction records evidenced that not all relevant pre-employment information had been obtained prior to staff commencing work in the home. Details were discussed with the management team and an area for improvement was identified.

Staff competency and capability assessments for the person in charge of the home in the absence of the manager were complete.

A record of staff supervision and appraisals was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

## **5.2.2 Care Delivery and Record Keeping**

During the inspection, residents were participating in a 'family day' with their relatives and counsellors. Residents were provided with the opportunity to speak with the inspector and questionnaires were left with management to give to residents and relatives.

There was a calm and relaxed atmosphere within the home and residents and their family members were observed to be content in their surroundings and interactions with staff. There was good team working amongst staff and interactions with the residents were friendly and supportive.

Lunch was prepared by the chef and kitchen assistant and served within the communal dining room. The food was attractively presented and smelled appetising. There was evidence within resident 'exit' evaluation records that residents enjoyed the food within the home with comments such as: "Lovely food" and "Great choice available for breakfast and evening meal".

Staff confirmed that they had good knowledge and understanding of residents' needs and the care they required.

Adequate care records were maintained, held confidentially and reviewed weekly by the manager.

Review of the Service User Guide following the inspection evidenced that care records were being disposed of following treatment with only general information being retained. This was discussed with the manager and an area for improvement was identified.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy with corridors and fire exits clear from clutter and obstruction. One fire door was observed to be wedged open. This was brought to the attention of a member of staff who immediately removed the wedge. All other fire doors were maintained closed during the inspection.

Review of the most recent fire risk assessment completed on 23 March 2023 evidenced that any actions required were signed by the manager as having been completed. There was evidence that fire evacuation drills had been completed with the names of the staff members who took part in the drill. However, the fire drills did not contain a record of the location of the fire alarm, the duration of time staff took to respond to the alarm and the staff signatures. This was discussed with the management team and an area for improvement was identified.

Whilst volunteer staff had completed fire awareness training they had not completed a fire evacuation drill and an area for improvement was identified. During the meeting on the 6 November 2023, the management team confirmed that fire drills would be completed with immediate effect.

### 5.2.4 Quality of Life for Residents

Arrangements were in place for residents to maintain links with their friends and families. This was evident during the inspection where the programme of care included a 'family day' in which the resident and their family underwent counselling on the impact of addiction.

There was a wide range of audio, DVD and written information available on addiction, support and care available to enable residents to make informed decisions regarding their life, care and treatment. Discussion with a resident confirmed that residents were enabled and supported to engage and participate in meaningful activities.

Residents were also scheduled to participate in household duties outside of counselling to enable the resident to be more independent and to encourage a positive routine.

As part of the residential treatment programme, specific times are set aside each week to allow residents to engage in a variety of social and leisure activities such as; in-door football, badminton, tennis, walking, yoga and swimming.

A quiet/prayer room is located on the ground floor and is available to residents at all times for reflection, quiet and reading.

There were systems in place to ensure that the views and opinions of residents were sought by way of an 'exit interview' within a satisfaction survey to gain their views about the quality of care, support and environment.

The manager said that the results of the survey are reported back to the monthly Board of Directors' meeting for Northlands Addiction Treatment Centre. Review of a sample of exit interviews found that comments were very positive regarding the service provided such as: "Excellent", "Very helpful and understanding", "Staff are very approachable and on hand for advice" and "Amazing."



### 5.2.5 Management and Governance Arrangements

Mr Tommy Canning remains the manager and an application to register as the manager has been received by RQIA. A complete application for responsible individual is to be submitted by Mr Niall Blee as soon as possible for review by RQIA, as discussed and agreed at the meeting on the 6 November 2023 with RQIA.

The manager advised that he was the adult safeguarding champion for the home, however, on further discussion it was identified that he had not completed the appropriate training. During the meeting on the 6 November 2023, the manager confirmed that he had made contact with the Adult Safeguarding (ASG) team within the WHSCT and would be completing the relevant training.

Review of accident and incident records identified that several notifiable events had not been submitted to RQIA in accordance with Regulation 30. The manager agreed to have these submitted retrospectively and an area for improvement was identified. It was further established that the Trust/ASG team had not been informed of these incidents. At the meeting on the 6 November 2023 the manager agreed to share these incidents with the Trust and ASG where necessary.

The manager confirmed that the quality of the service is reviewed on a monthly basis or more often if necessary to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed and available within the home. Whilst these reports were being completed, they were not unannounced or completed by an individual who is not in the day to day charge of the home and an area for improvement was identified.

### 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 the **Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.  Staff should be awake on night shift and volunteers should not be included in the overall staffing calculation.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Northlands has moved to recruiting staff to work in the centre in waking overnight shifts and at weekends. The aim is to have this in place as early in January 2024 as possible. Interviews are scheduled for 19 <sup>th</sup> & 20 <sup>th</sup> December 23.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1) (a) (b) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that relevant pre-employment checks are obtained prior to staff commencing employment.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Northlands will ensure that relevant pre employment checks are obtained for staff prior to commencing employment.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person shall ensure that care records are retained for not less than 6 years from the date of the last entry.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Northlands will ensure that all appropriate records will be retained for not less than 6 years from the last date of entry.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that all notifiable events are reported to RQIA without delay.  Ref: 5.2.5



<b>To be completed by:</b> From the date of inspection	<b>Response by registered person detailing the actions taken:</b> Northlands has retrospectively sent all incidents identified at the most recent inspection through to RQIA and also to the Western Trust.
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 29 (2) (a), (b) and (c); (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2023	The registered person shall ensure that monthly monitoring visits are unannounced and completed by a person who is not in the day to day charge of the home.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Northlands will ensure that all monthly monitoring visits are carried out by Responsible Individual or someone who is not in day to day charge of the home
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2023	The registered person shall review the current process for completing fire evacuation drills to ensure they are suitable and sufficiently recorded.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The current process for completing fire evacuation drills has been reviewed and a new system for suitably and sufficiently recording these are now in place
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2023	The registered person shall ensure that all staff and volunteers complete at least one fire evacuation drill yearly.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> As of 20th November all staff and volunteers within Northlands have completed their annual fire evacuation drill.

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care