

Inspection Report

25 May 2022



Northlands Addiction Treatment Centre

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northlands Addiction Treatment Centre Responsible Individual: Mr Tommy Canning – not registered	Registered Manager: Mr Tommy Canning – not registered
Person in charge at the time of inspection: Mr Tommy Canning	Number of registered places: 8
Categories of care: Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	Number of residents accommodated in the residential care home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: 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 25 May 2022, from 9.45am to 2.15pm 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.

It was positive to note that all areas for improvement identified at the previous care inspection have been met. One area for improvement was identified during this inspection in relation to mandatory training for volunteer staff.

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 Manager 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 and 'Tell Us' cards 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 Manager 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: "All the staff are friendly and supportive" and "Food is very good."

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 "Great place to work". There was no feedback from the staff online survey.

There was no response to the questionnaires from residents or their relatives.

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 14 September 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time	The registered person shall ensure that the manager has a robust oversight of staff recruitment in accordance with legislation.	Met
	Action taken as confirmed during the inspection: Review of a sample of recruitment records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall ensure a robust system is in place to ensure care staff are registered with NISCC.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 27 (2) (b) (d) Stated: First time	The registered person shall ensure that the premises are kept in good state of repair, kept clean and reasonably decorated. With specific reference to ensuring: <ul style="list-style-type: none"> stained carpets on the first floor corridors are cleaned and/or replaced where required floor covering within the residents' lounge is repaired or replaced. 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	

Area for improvement 4 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire doors are not propped open.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 5 Ref: Regulation 17 (1) Stated: First time	The registered person shall ensure that an annual review of the quality of the service is completed.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that all staff complete MCA/DoLS and COSHH training specific to their role.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that newly appointed staff and volunteers complete a structured orientation and induction. Records of induction should be maintained within staff files and available for inspection.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 24 Stated: First time	The registered person shall ensure that a record of staff supervision and appraisal is maintained with a schedule detailing the staff members name and date that supervision/appraisal was completed.	Met

	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that a duty rota is maintained of all staff working within the home over a 24 hour period, their job role, hours worked and the person in charge. Action taken as confirmed during the inspection: Review of two weeks staff duty rota and discussion with the manager evidenced that this area for improvement had been met.	Met
Area for improvement 5 Ref: Standard 29.4 and 29.6 Stated: First time	The registered person shall ensure that all staff receive fire safety awareness training at least twice yearly and participate in a fire evacuation drill at least once a year. Records of staff training and the names of staff who have participated in a fire evacuation drill must be recorded and available for inspection. Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	Met
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • a system of colour coding is introduced to differentiate cleaning equipment for areas of the home • a system is implemented for regular and thorough cleaning of mop buckets and mop heads • light pull cords throughout the home are covered to enable effective cleaning • hand paper towels are stored within dispensers. Action taken as confirmed during the inspection: Review of relevant records, observation of the environment and discussion with staff evidenced that this area for improvement had been met.	Met

Area for improvement 7 Ref: Standard 20 Stated: First time	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the quality and delivery of care and services within the home. With specific reference to:</p> <ul style="list-style-type: none"> • Care records • IPC and hand hygiene • Environment <p>Action taken as confirmed during the inspection: Action taken as confirmed during the inspection: Review of relevant records, observation of the environment and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 8 Ref: Standard 17 Stated: First time	<p>The registered person shall ensure that a template for recording complaints/any expression of dissatisfaction is implemented and this record is accessible to relevant staff.</p> <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.</p>	Met
Area for improvement 9 Ref: Standard 20.11 Stated: First time	<p>The registered person shall ensure that a monitoring report is completed on a monthly basis that reviews the quality of services in accordance with the homes written procedures.</p> <p>Action taken as confirmed during the inspection: Review of relevant records and communication with the manager during and after the inspection evidenced that this area for improvement had been met.</p>	Met

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 first aid, fire safety and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that volunteer staff had not completed/updated relevant mandatory training. This was discussed with the Manager and an area for improvement was identified.

A system for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) was in place with a record maintained by the Manager of any registrations pending.

The inspector reviewed two staff competency and capability assessments for the person in charge in the absence of the Manager and found these to be completed.

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.

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 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.

Residents appeared settled in their environment and in their interactions with staff. One resident commented “Well cared for here” and “Tommy (Manager) is very good”.

5.2.2 Care Delivery and Record Keeping

General observations of care practices found that there was good team working amongst staff and interactions with the residents were friendly and supportive.

Residents were provided with the opportunity to speak with the inspector and questionnaires were left with the Manager to give to residents and relatives. During the inspection residents were participating in a ‘group session’ with a counsellor.

Discussions with staff confirmed that they had good knowledge and understanding of residents’ needs and prescribed care interventions. Staff said that they felt residents were treated with respect and dignity and received a good standard of care. The Manager advised that there was a good continuity of staff with the majority of staff having been employed for multiple years within Northlands Addiction Treatment Centre.

Care records were held confidentially and reviewed weekly by the Manager. Care files contained an admission checklist, GP details, contact details of next of kin, information regarding the resident's addiction, consent forms, section for counselling sessions, weekly progress and aftercare appointments.

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. There was evidenced that a number of new floor coverings had been fitted and walls painted since the previous care inspection. The Manager advised that refurbishment was ongoing as required to ensure that the home is well maintained.

The Manager said that frequent touch point cleaning was carried out by both domestic and care staff on a regular basis. Residents also participated in designated housekeeping and cooking duties. Hand sanitiser and Personal Protective Equipment (PPE) were available within the home.

The Manager confirmed that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Visiting arrangements were managed in line with Department of Health and infection prevention and control guidance.

5.2.4 Quality of Life for Residents

Arrangements were in place for residents to maintain links with their friends and families. For example the programme of care includes a family day in which the resident and their family undergo counselling on the impact of addiction.

Residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example there was a wide range of audio, DVD and written information available on addiction, support and care available.

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: "Staff extremely friendly and polite", "Made to feel very welcome", "Everything I needed was made available", "Always felt safe and secure" and "Great people."

5.2.5 Management and Governance Arrangements

Currently this service/Organisation has no Registered Manager or an identified Responsible Individual registered with RQIA. RQIA are aware that Mr Tommy Canning has been acting into

both of these positions for some time and he has been made aware of the registration requirements in writing. During discussion with the Manager it was confirmed that the Board of Directors' for Northlands Addiction Treatment Centre are due to meet on 27 June 2022 to discuss registration applications for a Responsible Individual and a Registered Manager. The Manager has agreed to keep RQIA updated following this meeting.

There has been no change in the management of the home since the last inspection. Staff said that the Manager was approachable and accessible.

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 not available during the inspection. This was discussed with the Manager and following the inspection a copy of the most recent report was received. The Manager further provided written confirmation that monthly reports would be available within the home going forward.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Tommy Canning, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 25 July 2022	The registered person shall ensure that all volunteer staff complete/update mandatory training specific to their role. Ref: 5.2.1 Response by registered person detailing the actions taken: Northlands are continuously recruiting volunteers and as we recruit them we begin the process of putting them through their mandatory training so this process is always ongoing. The new pool of volunteers who were identified as needing their training completed/updated at time of inspection have begun to address the outstanding training.

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



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