



# Unannounced Care Inspection Report

## 3 November 2020



## Northlands Addiction Treatment Centre

**Type of Service: Residential Care Home (RCH)**

**Address: Shepherds Way, Dungiven Road,  
Waterside, BT47 5GW**

**Tel No: 028 7131 3232**

**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care for up to eight residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northlands Addiction Treatment Centre	<b>Registered Manager and date registered:</b> Nuala Tracey
<b>Responsible Individual:</b> Tommy Canning	
<b>Person in charge at the time of inspection:</b> Elaine Moore - counsellor	<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 home on the day of this inspection:</b> 4

### 4.0 Inspection summary

An unannounced inspection took place on 3 November 2020 from 09.40 to 13.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

It should be noted that the home does not provide permanent “traditional” residential care and residents are accommodated on a short term basis to meet a specific assessed need for a specific time period. The service provided by the home includes aftercare support. This report reflects the specialist services provided by the home.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection prevention and control (IPC)
- Fire safety
- Care delivery
- Governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents’ experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Nuala Tracey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with two residents and four staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. The inspector left 'Tell us cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses from these questionnaires were received in time for inclusion to this report.

The following records were examined during the inspection: the home's COVID-19 contingency plan, IPC records and audits, fire safety records, staff training records, residents' exit interview records and quality assurance reports.

The findings of the inspection were provided to Nuala Tracey, manager via telephone during this inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 11 October 2019.

There were no areas for improvement identified as a result of this inspection.

### 6.2 Inspection findings

#### 6.2.1 Staffing

Staffing levels in the home have been reviewed and reconfigured to meet the decrease in resident occupancy, IPC protocols and the home's COVID-19 contingency plan.

A competency and capability assessment was reported not to be in place for all members of staff who has the responsibility of being in charge of the home in the absence of the manager. This has been identified as an area of improvement.

Staff spoke positively about their roles and duties, staffing, managerial support, training, teamwork and morale. A programme of staff supervision and appraisal is in place. Staff supervision is carried out on a weekly basis. Staff spoke positively on this provision and also added that they felt well supported on a day to day basis.

Staff stated that they felt residents received a good standard of care and were treated with respect and dignity. Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staffing in the home is very stable which added to the consistency of staff on duty.

#### **6.2.2 Safeguarding residents from harm**

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

#### **6.2.3 Environment**

The home was clean and tidy throughout with a good standard of décor and furnishings. Communal areas were spacious, comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic. Discussions with two residents at the time of this inspection found that they were very happy with their accommodation, both in terms of cleanliness and comfort.

The grounds of the home were well maintained.

#### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

The environment had been adapted and reconfigured to meet COVID-19 guidance and precautions in consultation with the Public Health Agency. For example perspex screens had been installed into counselling offices and the communal lounge and dining room had designated seating. Signage was also in place to direct movement around the home.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

## **6.2.5 Fire safety**

An inspection of the home's most recent fire safety risk assessment was undertaken. There were no recommendations made as a result of this assessment.

Staff training records and fire safety records confirmed that all staff were in receipt of up-to-date training in fire safety and fire safety drills. Fire safety drills include residents' participation and on admission. Residents also receive an induction with fire safety procedures on admission to the home.

Fire safety records also confirmed that there was a regular and up-to-date programme of fire safety checks maintained in the environment.

## **6.2.6 Care delivery**

Residents were observed to be comfortable, relaxed and at ease in their interactions with staff and with their environment.

Staff interactions were polite, friendly, warm and supportive. During large parts of this inspection residents were in counselling sessions.

Two of the residents who choose to discuss their views about the home, spoke with praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general ambience in the home. Some of the comments made included statements such as;

- “The staff are fantastic in every way. They really go the extra mile. I feel like a new person since coming here.”
- “The staff are 100%. They are brilliant. When I need support they are always there. I needed them on a couple of times when I felt wobbly and they were great.”

Arrangements were in place for residents to maintain links with their friends and families and have been reviewed to account for the COVID-19 pandemic, with the use of IT technology. For example, the family day in which the resident and their family undergo counselling on the impact of addiction is now via a zoom meeting with the family member.

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

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. Residents are consulted with, at the end of their six week placement in the home by way of an exit interview. The interviews sought to gain their views about the quality of care, support and environment. As a result of the residents' feedback and evaluation an action plan would be developed and implemented to address any issues identified. An inspection of a sample of these exit interviews found that these were highly complimentary of the service and the care provided.

## 6.2.7 Governance and management

The home has a defined management structure. The manager who was working from home was available for clarification and feedback during this inspection. The manager is supported in her role by the head of treatment who is the responsible individual.

An inspection of quality assurance audits was undertaken. This confirmed that there were regular quality assurance systems in place to drive improvement which included audits and satisfaction surveys. These audits are reported back to the monthly Board of Directors' meeting. Satisfaction surveys are also reported back to the aligned referring Health and Social Care Trusts.

Staff training records confirmed that mandatory training and additional areas of training were being maintained appropriately.

The staff member in charge reported there have been no expressions of complaint or dissatisfaction and if there were, these would be taken seriously and managed appropriately. The complaints procedure was readily displayed in the home for residents and their visitors. Discussions with residents indicated that they felt comfortable about raising a concern or complaint and this would be acted on positively.

It was also reported that there have been no accidents or incidents in the home.

Discussions with three members of staff during this inspection confirmed that they felt positive about their roles and duties, the staffing levels, support, teamwork and morale. Staff advised that a good standard of care was provided for and they would have no difficulties recommending the home. Staff also advised that if there were any concerns they would have no difficulties raising these with management and they felt confident these would be acted on appropriately.

### Areas of good practice

Good practice was identified in relation to how the home has developed and adapted a COVID-19 contingency plan to meet the nature of its service and residents. Further good practice was noted in terms of the therapeutic atmosphere and ambience of the home and the positive complimentary feedback from residents.

### Areas for improvement

One area of improvement was identified in relation to ensuring a competency and capability assessment is completed for any member of staff in charge of the home in the absence of the manager.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3 Conclusion

Residents were very complimentary of the care and support received and were keen to express their gratitude and praise for this. Staff interactions were friendly, warm, kind and supportive. The environment was clean and tidy and maintained well, particularly in response to its COVID-19 contingency plan.

The one area of improvement identified received good assurances from the manager that this would be promptly addressed.

### 7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Nuala Tracey, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

#### 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

#### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

**Area for improvement 1**  
**Ref:** Regulation 20(3)  
**Stated:** First time

The registered person shall ensure that any member of staff in charge of the home in the absence of the manager has a competency and capability assessment in place.

**To be completed by:**  
 3 December 2020

**Response by registered person detailing the actions taken:**  
 The competency and capability assessment is now in place from 3<sup>rd</sup> December 2020.

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



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