

Unannounced Care Inspection Report

8 June 2017



Northlands Addiction Treatment Centre

Type of service: Residential Care Home

Address: Shepherds Way, Dungiven Road, Waterside, Londonderry,
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Tel no: 028 7131 3232

Inspector: John McAuley

www.rgia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight beds which provides short term support and counselling services for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Northlands Addiction Treatment Centre Mr Declan Doherty	Registered Manager: Ms Nuala Tracey (acting)
Person in charge at the time of inspection: Ms Nuala Tracey	Date manager registered: Acting capacity from 31 October 2014
Categories of care: Residential Care (RC) A - Past or present alcohol dependence D - Past or present drug dependence	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 8 June 2017 from 10:30 to 12:50 hours.

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. This report reflects the specialist services provided by the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staffing, staff training, supervision and appraisals and adult safeguarding. Good practice was also noted in the planning, effectiveness and evaluation of the programmes of care. The service provided by the home includes aftercare support. Further evidence of good practice included the culture and ethos of the home, listening to and valuing residents and feedback from staff and governance arrangements, quality improvement and maintenance of good working relationships.

No areas requiring improvement were identified.

Feedback from staff and the one resident in the home at the time of this inspection was all very complimentary of the care, ethos, and support in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Nuala Tracey, acting manager as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent

No further actions were required to be taken following the most recent inspection on 9 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with a resident, three members of staff, the acting manager and the registered provider.

A total of five questionnaires were provided for distribution to staff for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 March 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 March 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with a resident and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The acting manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Inspection of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager reported that no staff have been recruited since the previous inspection and therefore staff personnel files were not inspected on this occasion.

Enhanced AccessNI disclosures would be viewed by the acting manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered provider and staff, inspection of accident and incidents notifications and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Discussions also identified that individual care needs assessments and risk assessments were obtained prior to admission.

The acting manager confirmed that no restrictive practices were undertaken within the home, other than policies pertaining to alcohol and drug misuse which were appropriately detailed in the Statement of Purpose and Residents' Guide. On the day of the inspection no restrictive practices were observed.

Inspection of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly such as COSHH and fire safety.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Good standards of hand hygiene were observed to be promoted within the home. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home's environment was a mixture of office based accommodation with areas of residential living. Those areas viewed at the time of this inspection were found to be clean and tidy. Discussions with one resident in regard to his accommodation confirmed that he was very satisfied with this. The grounds to the home were very well maintained.

There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 22 September 2016. The nine recommendations from this assessment were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staffing, staff training, supervision and appraisals and adult safeguarding.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the acting manager and staff established that staff in the home responded appropriately to and met the assessed needs of the residents.

Care records were maintained of counselling therapies during residents' placement in the home. In lieu of sensitive nature and confidentiality of these, none of the residents' care records were inspected.

Discussions with staff confirmed the admission process whereby residents met with their counsellor and agreed on an admission pathway. Residents were encouraged and enabled to be involved in the assessment and care planning. A review process takes place at the end of the six week programme when an exit interview is completed and after care treatment is prescribed as appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This is based on the one to one counselling of residents and assistance with social welfare aspects of leaving care. There is a wide range of programmes of care in place to meet residents' needs.

The inspector met with one resident at the time of this inspection. The other two residents were out in attendance at a local swimming pool.

The resident in the home was keen to express how admission to the home had improved his health and well-being.

Records were stored safely and securely in line with data protection. An individual agreement setting out the terms of residency was in place.

The acting manager, staff and resident confirmed that management operated an open door policy in regard to communication within the home. The resident also confirmed that he was actively encouraged to contact his counsellors if he felt under any undue stress and outside of office hours.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the planning and effectiveness of the programmes of care and the evaluation of this as well as the aftercare support.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The inspector met with one resident in the home at the time of this inspection. This resident was keen to express his praise and gratitude for the home. Some of the comments made included statements such as;

- “It’s a 100% here. I feel indebted to be here. Everything is fantastic. The staff are absolutely marvellous. I have a lovely comfortable room and the food is lovely.”

The resident confirmed that consent was sought in relation to care and treatment.

Discussion with a resident, and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. The nature of the specialist service provided by the home requires a high level of confidentiality. Staff were well able to demonstrate how residents’ confidentiality was protected. For example, the ethos of the home was for visitors including inspectors to ask staff to ask residents if they would like to meet with them, including entering of any communal areas.

Discussion with a resident confirmed that residents were enabled and supported to engage and participate in meaningful activities. Activities also included programmes of physical exercise such as attendance at a local swimming pool.

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

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

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 and taken into account in all matters affecting them. For example, discussions with a resident confirmed that there was an open door ethos in place to discuss issues with management and staff. This resident also declared that if he had any issues of concern these would be taken seriously and dealt with appropriately.

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.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the culture and ethos of the home, listening to and valuing residents and feedback from staff and a resident in the home at the time of this inspection.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The acting manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide, information provided on their admission to the home and information displayed.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. There have been no expressions of complaint received since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that there were no recent accidents or untoward events in the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. These audits are reported back to a monthly Board of Directors' meeting. Satisfaction surveys are also reported back to the aligned referring Health and Social Care Trust.

Inspection of staff training records confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents' Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The registered provider and the acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns and that they will be supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Discussions also confirmed that there were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to governance arrangements, quality improvement and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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