

Inspection Report

14 September 2021



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 Nigel Crookes, Counsellor, 11 am – 11.45 am Mr Tommy Canning, Manager, 11.45 am – 3.45 pm	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: 5
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 rehabilitation treatment programme for residents with 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 14 September 2021 from 11.00 am to 3.45 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.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0.

Residents were not available in the home during the inspection. Comments received from staff, are included in the main body of this report.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Northlands Addiction Treatment Centre and that the Manager had taken relevant action to ensure the delivery of safe, effective and well led care.

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 staff were asked for their opinion on the quality of care and their experience of working in this home. 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

Four staff spoken with said that they were happy working in the home, that there was great teamwork and that they felt supported in their role by management. Residents were not present within the home during the inspection. There were no questionnaires returned and no feedback from the staff online survey.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "Great place to work."

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 3 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: Review of competency and capability assessments and discussion with the manager evidenced that this area for improvement has been 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, infection prevention and control (IPC) and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Discussion with the Manager regarding the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) identified that staff had not completed relevant training. It was further identified that training specific to the control of substances hazardous to health (COSHH) had also not been completed. This was discussed in detail with the Manager and an area for improvement was identified.

Safe staffing begins at the point of recruitment. Review of one staff recruitment file evidenced that not all relevant pre-employment information was available. A discussion was held with the Manager regarding the importance of managerial oversight of the recruitment process and an area for improvement was identified to ensure that appropriate safety checks are completed for all new employees going forward.

When staff begin their employment it is important that they receive an induction to their role and responsibilities. It was evident that records of staff induction were not maintained as required.

Details were discussed with the Manager who agreed to implement an induction process and to maintain relevant records. This was identified as an area for improvement.

A copy of the original Access NI certificate was also retained within the employees file which is not in keeping with Access NI code of practice. This was discussed with the Manager who agreed to have this removed and to monitor compliance going forward.

Staff told us they felt supported in their roles and that there was good team work with effective communication between staff and management.

The Manager said that staff supervision was carried out on a weekly basis and that appraisals were completed yearly. The inspector requested a record of staff names and dates of supervisions and appraisals. The Manager said that a record had not been maintained as supervisions were verbal discussions only and that appraisal records were secure within another office. The importance of maintaining a record of staff supervision and a schedule of appraisals was discussed and an area for improvement was identified.

The Manager said that monthly checks were completed to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC). However, these checks were not recorded and further discussion evidenced that a number of staff were either not registered or pending registration. The manager agreed to address this immediately. This was identified as an area for improvement.

The inspector requested two weeks staff duty rotas to review. The Manager advised that staff duty rotas were not completed as staff have a regular shift pattern with volunteer staff in charge on evenings, night duties and weekends, with the availability of on-call support from counselling staff and management. The importance of maintaining a duty rota was discussed in detail and an area for improvement was identified.

Following the inspection written assurances were received on the 20 September 2021 from the Manager that relevant action has been taken to address the above deficits.

5.2.2 Care Delivery and Record Keeping

Residents and their family were participating in a 'family day' at another location during the inspection. Questionnaires were left with the Manager to give to residents and relatives on their return.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and treatment programme. 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 consistent delivery of care due to continuity of staff, some of which have been employed for multiple years within Northlands Addiction Treatment Centre.

Counselling sessions for non-residents was taking place within the home during the inspection. The importance of displaying appropriate signage on counselling room doors when in use was discussed with the Manager to avoid unnecessary interruptions. The Manager agreed to implement this system to any doors that do not already have appropriate signage.

Care records which were held confidentially were not reviewed as the Manager advised that residents had not consented to their records being reviewed by RQIA. It was agreed that RQIA would be included on consent forms going forward and residents would be informed of the role of RQIA on admission and the requirement for access to relevant care records.

A template folder was reviewed which included an admission checklist, GP details, COVID-19 declaration form, 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

A sample of bedrooms, storage spaces, the kitchen and communal areas such as the lounge, dining room and bathrooms were reviewed. The home was fresh smelling, neat and tidy, however, damage to the floor covering within the residents lounge was noted and carpets on the first floor corridors required to be cleaned or replaced. An area for improvement was identified.

It was observed that a vacant bedroom was being used to store furniture. The importance of rooms being used for the purpose they are registered was discussed with the Manager. Following the inspection written confirmation was received that the bedroom was being used as a store temporarily during the COVID-19 pandemic and would return to its registered purpose thereafter.

Corridors and fire exits were clear from clutter and obstruction. However, three fire doors were observed propped open. An area for improvement was identified.

The home's most recent fire risk assessment was reviewed. There was no record that the recommendations made as a result of this assessment had been addressed. Following the inspection written confirmation was received from the Manager that these actions had been addressed. This information was shared with RQIA's estates inspector and assessed as satisfactory.

Staff training records evidenced that not all staff had received twice yearly fire safety training. It was further identified that the names of staff who participated in fire drills were not recorded. An area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and any outbreak of infection would be reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and completed a health declaration on arrival. While supplies of personal protective equipment (PPE) were available the Manager provided written confirmation that PPE such as aprons, masks and/or gloves were not required to be worn by staff due to the nature of their work and that the Trust and PHA were aware of this arrangement.

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 and a schedule was displayed on a notice board. Hand sanitiser was available at the

main entrance to the home and at various locations throughout. Face masks were also available at reception and on the first floor.

Cleaning equipment such as mop buckets and mop heads required to be thoroughly cleaned and there was no colour coding system in place for the use of cleaning equipment in the home to ensure that IPC measures were adhered to. It was further noticed that not all light pull cords were covered and paper towels were not stored within a dispenser in identified communal bathrooms with the risk of contamination. Details were discussed with the Manager and an area for improvement was identified.

Written assurances were provided on the 20 September 2021 by the Manager that environmental and IPC measures had been reviewed with action taken to address concerns identified during the inspection with an ongoing monitoring process by management implemented.

5.2.4 Quality of Life for Residents

Arrangements were in place for residents to maintain links with their friends and families. As mentioned above in section 5.2.2 residents were on a 'family day' in another location outside of the home in which the resident and their family undergo counselling on the impact of addiction.

There were systems in place to ensure that the views and opinions of residents were sought by way of an 'exit interview' to gain their views about the quality of care, support and environment. The Manager said that the results of the survey were presented to the Board of Directors' for Northlands Addiction Treatment Centre every six months. Review of a sample of exit interviews found that comments were very positive regarding the service provided. Comments included: "I felt very safe", "Great food" and "Very discreet."

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

The RQIA registration certificate for the home was not displayed in a prominent place but within the administrator's office. This was discussed with the Manager who agreed to have it displayed in the reception area.

Discussion with the Manager evidenced that regular audits to assure the quality of care delivered and services provided by the home were not completed. It was agreed that a system of quality governance audits would be implemented. This was identified as an area for improvement.

The inspector requested the complaints record and was informed by the Manager that this was not in place and that there had been no expressions of complaint or dissatisfaction. The importance of maintaining a complaints record with a template for staff to record any complaint or expression of dissatisfaction in accordance with regulation was discussed. An area for improvement was identified.

Discussion with the Manager who is also the Responsible Individual confirmed that quality monitoring visits in accordance with Regulation 29 had not been required due to their daily contact with the home. In the absence of a Regulation 29 report the Manager was advised

that the registered person is required to monitor the quality of services in accordance with the home's written procedures, and is to complete a monitoring report on a monthly basis. An area for improvement was identified.

The inspector requested the annual quality report for the home. The Manager advised that this had not been completed. An area for improvement was identified.

Following the inspection written confirmation was received from the Manager on the 20 September 2021 of the action taken to address the above deficits. There was evidence of increased awareness in the importance of a robust governance systems and processes. RQIA were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required.

6.0 Conclusion

Discussions with staff evidenced that they were passionate about delivering a therapeutic programme to aid recovery and promote health and wellbeing for residents. Comments from residents within 'exit interview' surveys provided very positive feedback regarding the programme of care delivered.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0.

Based on the inspection findings, discussions held and additional information received from the Manager after the inspection RQIA were assured that compassionate care was being delivered in Northlands Addiction Treatment Centre and that the management team had taken relevant action to ensure the delivery of safe, effective and well led care.

7.0 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 (August 2011 version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	5	9

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the manager has a robust oversight of staff recruitment in accordance with legislation. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time To be completed by: With immediate effect	The registered person shall ensure a robust system is in place to ensure care staff are registered with NISCC. Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 27 (2) (b) (d) Stated: First time To be completed by: 14 November 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Regulation 27 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that fire doors are not propped open. Ref: 5.2.3
	Response by registered person detailing the actions taken:

Area for improvement 5 Ref: Regulation 17 (1) Stated: First time To be completed by: 14 January 2022	The registered person shall ensure that an annual review of the quality of the service is completed. Ref: 5.2.5 Response by registered person detailing the actions taken:
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011 version 1.1)	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 14 October 2021	The registered person shall ensure that all staff complete MCA/DoLS and COSHH training specific to their role. Ref: 5.2.1 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 23.1 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.1 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 24 Stated: First time To be completed by: 14 October 2021	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. Ref: 5.2.1 Response by registered person detailing the actions taken:
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. Ref: 5.2.1

To be completed by: With immediate effect	Response by registered person detailing the actions taken:
Area for improvement 5 Ref: Standard 29.4 and 29.6 Stated: First time To be completed by: 14 October 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Area for improvement 6 Ref: Standard 35 Stated: First time To be completed by: 14 October 2021	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. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Area for improvement 7 Ref: Standard 20 Stated: First time To be completed by: 14 October 2021	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: <ul style="list-style-type: none"> • Care records • IPC and hand hygiene • Environment Ref: 5.2.5

	Response by registered person detailing the actions taken:
Area for improvement 8 Ref: Standard 17 Stated: First time To be completed by: With immediate effect	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. Ref: 5.2.5
	Response by registered person detailing the actions taken:
Area for improvement 9 Ref: Standard 20.11 Stated: First time To be completed by: 14 October 2021	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. Ref: 5.2.5
	Response by registered person detailing the actions taken:

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



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