

# Inspection Report

18 April 2024



## Northlands Addiction Treatment Centre

**Type of Service: Residential Care Home**  
**Address: Shepherds Way, Dungiven Road, Waterside**  
**Londonderry**  
**BT47 5GW**  
**Tel no: 028 7131 3232**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Northlands Addiction Treatment Centre	<b>Registered Manager:</b> Mr Tommy Canning
<b>Registered Person:</b> Mr Niall Blee	<b>Date Registered:</b> 11 March 2024
<b>Person in charge at the time of inspection:</b> Ms Christina McClements, 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 care home on the day of this inspection:</b> 7
<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 18 April 2024, from 9.20 am to 2.15 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.

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.

It was positive to note that all areas for improvement identified at the previous care inspection have been met. Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

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 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. Residents' comments included: "The staff are very friendly and supportive", "Great facility" and "It can be tough at times and counselling sessions can be very intense but it's all for the right reasons". 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 "We have a great team here and really do support each other". 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 10 October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	<p>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.</p> <p>Staff should be awake on night shift and volunteers should not be included in the overall staffing calculation.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of a sample of staff duty rotas and discussion with the management team evidenced that this area for improvement had been met.</p>	Met
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21 (1) (a) (b) (c) <b>Stated:</b> First time	<p>The registered person shall ensure that relevant pre-employment checks are obtained prior to staff commencing employment.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of a sample of recruitment records and discussion with the management team evidenced that this area for improvement had been met.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 (4) <b>Stated:</b> First time	<p>The registered person shall ensure that care records are retained for not less than 6 years from the date of the last entry.</p> <p><b>Action taken as confirmed during the inspection:</b>            Review of the homes policy and discussion with management evidenced that this area for improvement had been met.</p>	Met

<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	<p>The registered person shall ensure that all notifiable events are reported to RQIA without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the management team evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 29 (2) (a), (b) and (c); (3)  <b>Stated:</b> First time	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of relevant records and discussion with the management team evidenced that this area for improvement had been met.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	<p>The registered person shall review the current process for completing fire evacuation drills to ensure they are suitable and sufficiently recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of fire drill records and discussion with the management team evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff and volunteers complete at least one fire evacuation drill yearly</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of fire evacuation drill records and discussion with the management team evidenced that this area for improvement had been met.</p>	

## **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.

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.

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

Review of records confirmed that staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

Staff confirmed that they received regular supervisions and appraisal meetings. Evidence that these meetings were being completed were not available during the inspection. Following the inspection, relevant information was received confirming that the manager maintained a matrix with staff names and the date that the supervision/appraisal had taken place.

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

There was a calm and relaxed atmosphere within the home and residents 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.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions.

Residents were provided with the opportunity to speak with the inspector and questionnaires were left with the management team to give to residents and relatives. On the morning of the inspection residents had participated in a yoga session and later attended a local swimming pool. In the afternoon residents were participating in one to one counselling sessions.

Residents said that they were consulted with regarding the choice of meals and commented very positively about the overall quality of the food provided within the home with comments such as: "The food is great here and plenty of choices" and "The food is like something you would get in a restaurant".

The chef confirmed that there is a variety of food available to residents if they want something different and/or if they want a snack later in the day/evening. The chef further advised that they are made aware of residents with allergies, food intolerances and relevant medical conditions.

Care records were held confidentially, adequately maintained and reviewed weekly by the manager.

### **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.

Whilst most areas of the home were clean and well maintained, additional cleaning was required in some areas such as over sink light pull cords and an identified communal shower room; the grass to the grounds of the home also required cutting. Specific details were discussed with the management team and following the inspection written confirmation was received that relevant action had been taken to address the issues identified.

Review of the most recent fire risk assessment completed on 29 March 2024 evidenced that any actions required were signed by management 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. A system was also in place to ensure that all staff attend at least one fire evacuation drill yearly.

Observation of the environment and discussion with management evidenced that there was no effective system in place, such as a call bell system, to alert staff when assistance is required. Details were discussed with the management team and an area for improvement was identified.

### **5.2.4 Quality of Life for Residents**

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups.

Arrangements were in place for residents to maintain links with their friends and families. The programme of care for Northlands included a 'family day' in which the resident and their family undergo counselling on the impact of addiction. During the inspection, the residents commented positively regarding the benefits gained from these meetings.

Discussion with a number of residents confirmed that they were enabled and supported to engage and participate in meaningful activities. One resident said: "Good range of activities".

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.



Review of a sample of exit interviews found that comments were very positive regarding the service provided such as: “Friendly and professional”, “Felt extremely welcome as soon as I arrived both by staff and residents” and “Lovely people”.

### 5.2.5 Management and Governance Arrangements

There has been a change in the management arrangements of the home since the last inspection with Mr Niall Blee now the Responsible Person and Mr Tommy Canning now registered as the Manager.

Review of the records relating to accidents and incidents which had occurred in the home evidenced that there had been no accident/incidents recorded since the last care inspection. Discussion with the management team confirmed that this was accurate.

There was no evidence available during the inspection to confirm that audits were being completed on a regular basis to review the quality of care and other services within the home. An area for improvement was identified.

The home was visited each month by the responsible person to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by residents, their representatives, the Trust and RQIA.

### 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' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	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 Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E8  <b>Stated:</b> First time  <b>To be completed by:</b> 18 July 2024	The registered person shall ensure that an effective system is implemented to alert staff when assistance is required.  Whilst awaiting the installation of an appropriate system a protocol must be implemented to ensure that staff can be alerted when assistance is required.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Northlands has purchased and implemented a call system which will be operational from Monday 17 <sup>th</sup> June 2024
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 18 May 2024	The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the home's policies and procedures and action is taken when necessary.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Northlands has implemented an audit system to ensure that working practices are consistent with the centres policies and procedures. This was implemented shortly after the inspection

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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)

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