



Unannounced Care Inspection Report 18 September 2018



Northlands Addiction Treatment Centre

Type of Service: Residential Care Home
**Address: Shepherds Way, Dungiven Road, Waterside,
Londonderry**
Tel No: BT47 5GW
Inspector: John McAuley

www.rqia.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 cited on its certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Northlands Addiction Treatment Centre Responsible Individual(s): Declan Doherty	Registered Manager: Nuala Tracey
Person in charge at the time of inspection: Tommy Canning, Head of Treatment	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 18 September 2018 from 10.00 to 13.00 hours.

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

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 inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing, staff supervision and appraisals and adult safeguarding. Good practice was also noted in the planning, effectiveness and evaluation of the programmes of care. Evidence of good practice also included the culture and ethos of the home, listening to and valuing residents and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in respect of the fire safety risk assessment and monitoring visits on the behalf of the responsible individual.

Feedback from 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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Tommy Canning, Head of Treatment, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 March 2018.

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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with one resident, two staff members and the head of treatment.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- The home's Statement of Purpose and Resident's Guide
- Complaints and complaints
- Exit interview and evaluation reports
- Infection control associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Evaluation report from annual quality assurance survey
- Fire safety risk assessment
- Fire safety training and safety drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 1 March 2018

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 1 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 Schedule 2 (3) Stated: First time	The registered person shall ensure that all staff recruited to the home have two written satisfactory references in place linked to the requirements of the job. One of which must be from the applicant’s present or most recent employer.	Met
	Action taken as confirmed during the inspection: The head of treatment reported that no new members of staff including volunteer staff had been recruited since the previous inspection but gave assurances that this legislation was in place. Personnel records will be inspected at the next inspection.	

Area for improvement 2 Ref: Regulation 27 (4).(e) Stated: First time	The registered person shall ensure that all staff including volunteers are in receipt of up-to-date fire safety training and fire safety drills. Action taken as confirmed during the inspection: Inspection of fire safety records confirmed that this has been put in place.	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	The registered person shall put in place a fire safety risk assessment by a recognised professional person. Any subsequent recommendations from this assessment need to have corresponding evidence recorded of actions taken in response to same. Action taken as confirmed during the inspection: The fire safety risk assessment has yet to be updated and is now escalated as an area for improvement under the regulations.	Not met

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 head of treatment 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. Temporary/agency staff were not used in the home. 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 the head of treatment and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the head of treatment 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 and was inspected during the inspection.

The head of treatment 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 registered manager. These competency and capability assessments

included those staff members on night duty. Inspection of these records found these to be satisfactory.

The home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the head of treatment confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. It was reported that no new staff have been recruited to the home since the previous inspection. Therefore personnel files were not inspected on this occasion.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. A record of these was maintained in accordance with good practice and was inspected on this occasion.

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

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

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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 head of treatment, inspection of accident and incidents notifications, care records 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 head of treatment confirmed there were risk management procedures in place relating to the safety of individual residents.

Discussion with the head of treatment 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 head of treatment 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 obvious 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.

A self-assessment was left for the manager to submit to RQIA detailing the date of the last Legionella risk assessment and confirmation that any recommendation from this had been actioned.

There was no manual handling equipment used in the home.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Any residents, who smoke in the home, do so in a designated external area and are fully independent in the management of this risk.

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 head of treatment 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 their accommodation confirmed that they were very satisfied with this.

The grounds to the home were well maintained. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home's fire risk assessment was dated 23 September 2016 with a suggested date of review for September 2017. This has yet to be done and has been identified as an area of improvement in accordance with legislation.

Inspection of staff training records confirmed that staff including volunteer staff have completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 receive basic fire training on their admission to the home as part of an induction on housekeeping.

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

One area of improvement was identified in respect of this domain during the inspection. This was in relation to the fire safety risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the head of treatment, staff and one resident 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 the 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 actively encouraged and enabled to be involved in their 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. The exit interviews include seeking views on housekeeping arrangements, administration, treatment and other general comments/feedback. Some of the comments included statements such as;

- "All the volunteers have a fantastic approach"
- "I could not fault them (the counsellors). They are fair and professional"
- "I love the groups. They helped me open up..."
- "Yoga was amazing"
- "Dinner always lovely and the chefs and staff are great at catering for any dietary needs."

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.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents are included in the planning of the menu and choice of meal or dietary need is readily available.

The inspector met with one resident at the time of this inspection. The other six residents were in attendance at a group therapy session. This resident in the home was keen to express how admission to the home had improved their 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 resident confirmed that management operated an open door policy in regard to communication within the home.

The resident also confirmed that they were actively encouraged to contact their counsellors if they felt under any undue stress, which included 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 homes at the time of this inspection. This resident was keen to express their praise and gratitude for the home. Some of the comments made included statements such as;

- “I was in a very dark place before coming in here. Now I am a very different person I cannot thank all the staff enough. It is a brilliant place“

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.

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 yoga and swimming.

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 residents confirmed that there was an open door ethos in place to discuss issues with management and staff.

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 who was available to meet the inspector at the time of this inspection.

Areas for improvement

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

Total number of areas for improvement	0	0
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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 head of treatment 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 the monthly Board of Directors' meeting. Satisfaction surveys are also reported back to the aligned referring Health and Social Care Trusts.

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.

The responsible individual is involved on site on a day to day basis. However in lieu of the present absence of the responsible individual a visit by a board member or appointed person in their behalf is needed as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. This visit must include a subsequent report and be made available for residents, their representatives, staff, RQIA and any other interested parties to read. The report also needs to include an action plan to address any issues identified which include timescales and person responsible for completing the action. This has been identified as an area of improvement in accordance with legislation.

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

Staff 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 head of treatment 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

One area of improvement was identified in respect of this domain during the inspection. This was in relation to the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tommy Canning, Head of Treatment, 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 care 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p>	<p>The registered person shall put in place a fire safety risk assessment by a recognised professional person. Any subsequent recommendations from this assessment need to have corresponding evidence recorded of actions taken in response to same.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A safety risk assessment was conducted by James Crothers MIFPO ON 28th March 2018. A review of this risk assessment is scheduled to take place during March 2019.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2018</p>	<p>The registered person shall or appoint someone on their behalf to visit the home and undertake a monthly monitoring visit with a subsequent report of same. The report needs to include an action plan to address any issues identified which include timescales and person responsible for completing the action.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Monthly Monitoring visits and reports will now be undertaken by the Acting Registered Person, Tommy Canning.</p>

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



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