



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 19 February 2019



## Northlands Addiction Treatment Centre

**Type of Service: Residential Care Home**  
**Address: Shepherds Way, Dungiven Road, Waterside,  
Londonderry, 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 provider 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 that provides short break care and counselling support for residents living with care needs as detailed in section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northlands Addiction Treatment Centre  <b>Responsible Individual:</b> Tommy Canning	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Tommy Canning, head of treatment	<b>Date manager registered:</b> Nuala Tracey – acting no application required
<b>Categories of care:</b> Residential Care (RC) D – Past or present drug dependence. A – Past or present alcohol dependence.	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 19 February 2019 from 10.30 to 13.30 hours.

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

This was a focused inspection to review the provision of meals and mealtimes and also to review and assessed compliance with the two areas of improvement identified following the last care inspection.

Areas of good practice were found in relation to the culture and ethos of the home and feedback from a resident and exit interview reports.

One area requiring improvement was identified during this inspection. This was in relation to acting on a concern on an identified exit interview report.

Feedback from one resident and inspection of quality assurance reports was positive.

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

Areas for improvement and 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 13 September 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 reports, notifiable events and any written or verbal communication received from the home since the previous inspection.

During the inspection the inspector met with one resident, four staff, the manager and the acting responsible individual.

The following records were examined during the inspection: staff training records, fire safety records, fire safety risk assessment, menus, resident exit interview reports and quality assurance reports.

Areas for improvement 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 5 November 2018

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified.

## 6.2 Review of areas for improvement from the last care inspection dated 13 September 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the fire safety risk assessment dated 10 May 2018, had corresponding evidence recorded that the seven recommendations from this assessment had been addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 (1) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has been addressed.	

## 6.3 Inspection findings

### 6.3.1 Meals and mealtimes

A varied and nutritious diet is provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a six weekly cycle. The menu offered a choice of meal each mealtime.

Residents are involved in the planning of menus. This is a standing item on the agenda of residents' meetings.

Residents are independent in terms of their dietary needs. As part of the programme of care residents themselves make their own breakfast and meals at the weekends.

The menu was displayed in suitable format in a prominent position in the home, so that residents know what was available at each mealtime. Discussions with a resident found that they were knowledgeable about the planned meals.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The dinner time meal was appetising and nicely presented. The dinner room was nicely facilitated as were the tables with choice of condiments. There was a nice ambience in place for residents to enjoy their meal.

Discussions with one resident during this inspection and inspection of exit interview reports confirmed that residents were very satisfied with this area of care. Some of the comments made included statements such as;

- “All perfectly good”
- “a 100%”
- “Quality and portions very good. Couldn’t complain. Always felt satisfied”
- “All very clean and very organised and plentiful. Menu excellent”

The catering facility was tidy and well organised.

### **6.3.2 The environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained.

Residents’ bedrooms were not inspected but inspection of comments from residents’ exit interviews confirmed that they were very satisfied with this provision.

The home was appropriately heated and fresh smelling.

The grounds of the home were well maintained.

There were no obvious health and safety risks observed in the internal and external environment.

### **6.3.3 Residents’ views**

The inspector met with one resident in the home at the time of this inspection. This resident was keen to express praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the overall general atmosphere and ethos of the home.

The inspector also inspected resident evaluation of care reports known as exit interview reports. These were very positive in terms of residents praising and welcoming their recovery and how the overall ethos and milieu of the home did so.

Some of the comments made included statements such as;

- “The staff are very professional and very understanding of individual needs”
- “The staff are good, nice, caring, thoughtful people. A pleasure to have met all of them”
- “The night supervisors are fantastic and helped me when times were tough”

One exit interview report had a concerning negative comment which needed investigation. This has been identified as an area of improvement in accordance with legislation.

#### 6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as;

- “This is a lovely place to work. Things are going very well”
- “We all have a great pride and dedication in working here”

In terms of actual care practices these largely take the form of counselling, relaxation, exercise and family meetings.

The general atmosphere in the home was relaxed, welcoming and supportive.

#### Areas of good practice

Areas of good practice were found in relation to the culture and ethos of the home and feedback from a resident and exit interview reports.

#### Areas for improvement

One area of improvement was identified during the inspection.

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

## 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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(9)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 March 2019</p>	<p>The registered person shall act on as appropriate the concern on the identified exit interview form. This needs to be formal notified to RQIA of the subsequent action(s) taken.</p> <p>Ref: 6.3.3</p> <p><b>Response by registered person detailing the actions taken:</b> Appropriate action has now be taken in retlation to the concern identified. A formal report is being prepared and will follow on ASAP to RQIA.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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