

Unannounced Care Inspection Report 29 July 2016



Northlands Addiction Treatment Centre

Type of service: Residential Care Home

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW

Tel No: 028 7131 3232

Inspector: John McAuley

1.0 Summary

An unannounced inspection of Northlands Addiction Treatment Centre took place on 29 July 2016 from 10:30 to 14:00 hours.

The inspection sought to assess the progress since the previous care inspection and determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A requirement was made for any member of staff who has the responsibility of being in charge of the home in the absence of the registered manager to have a competency and capability assessment in place.

Two recommendations were made. One recommendation was made for the policy and procedure on safeguarding to be revised in line with current guidance and to establish a safeguarding champion. The other recommendation was made for the fire safety risk assessment to be up dated in line with good practice.

Is care effective?

No requirements or recommendations were made in relation to this domain.

Areas of excellent practice were found during this inspection in relation to the levels of praise and gratitude on the effectiveness of the service, and in the innovative practices of running courses to support care in the areas of addiction.

Is care compassionate?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were found during this inspection in relation to the arrangements 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.

Is the service well led?

A recommendation was made for the Statement of Purpose to be revised to include the new managerial arrangements.

Areas of good practice were found during this inspection in relation to quality assurance systems which were in place to drive quality improvement. These included satisfaction surveys, known as exit interviews which helped plan after care for the resident.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Nuala Tracey, acting Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 April 2016.

2.0 Service details

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

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports and accident and incident notifications.

During the inspection the inspector met with four residents and one former resident, two members of staff of various grades, the acting manager and the registered person.

The following records were examined during the inspection:

- Statement of Purpose
- Staff training records
- Recruitment and selection policy and procedure
- Complaints and compliments records
- Safeguarding policy and procedure
- Whistle blowing policy and procedure
- 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.
- Policies and procedures manual

Six questionnaires were provided for distribution to residents and six to staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.11 Stated: First time To be completed by: 24 March 2016	Any visit to the home on the behalf of the registered person should have a corresponding monthly monitoring report. This report needs to summarise any views of the residents about the quality of service provided and any actions taken by the registered person or registered manager to ensure that the home is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: An inspection of the last three monthly monitoring reports found these to be maintained satisfactorily.	

4.3 Is care safe?

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 residents and staff.

On the day of inspection the following staff were on duty:

- The acting manager
- The registered person
- Head of treatment
- Counsellor x 2 and 2 x non-residential services counsellors
- 1 x cook
- 1 x house keeper

From 17:00 to 21:00 hours and from 21:00 to 09:00 hours there is a supervisor in place. These supervisors work in the home as volunteers and have support of an on call counsellor.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Supervisory staff are included in this. Counselling staff receive group supervision on a weekly basis facilitated by the head of treatment.

A requirement was made for any member of staff who has the responsibility of being in charge of the home in the absence of the acting manager to have a competency and capability assessment in place.

Discussions with the acting manager confirmed that no new members of staff have been recruited to the home and that staffing in the home is very stable. Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager confirmed knowledge and understanding of staff recruitment procedures in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

It was also confirmed by the acting manager that all staff in the home have Enhanced AccessNI disclosures prior to the commencement of employment.

The adult safeguarding policies and procedures in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure was in need of review to include the new regional guidance (Adult Safeguarding: Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home. Advice was given in relation to this and a recommendation was made for this policy and procedure to be revised accordingly.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

On the day of the inspection there was no obvious restrictive care practices observed.

There were no accidents or incidents that occurred in the home as indicated in the accident/incident records and from discussions with the acting manager.

All new residents to the home receive a structured induction. This includes fire safety, food hygiene and COSHH, as well as information pertaining to treatment and care support.

Staff training records confirmed that all staff had received training in infection prevention and control. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels.

The home's general appearance was akin to 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. Residents spoke in positive terms about the quality of accommodation provided for.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The most recent fire risk assessment in place dated February 2015. A recommendation was made for this to be updated on an annual basis in line with good practice.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills on an up to date basis Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly.

Areas for improvement

There were three areas for improvement identified in relation to competency and capability assessments, updating the adult safeguarding policies and procedures and updating the fire risk assessment.

Number of requirements:	1	Number of recommendations:	2
--------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

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

Care records were records 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 the acting registered manager 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 took place at the end of the six week programme when an exit interview was completed and after care treatment was prescribed as appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This revolves around the one to one counselling of residents and assistance with social welfare aspects of leaving care.

There are a wide range of programmes of care in place to meet residents' needs. These programmes include;

- Individual counselling sessions
- Group counselling
- Group talks and information sessions
- Relaxation classes
- Physical exercise classes
- Resources information such as audio, DVD, books etc.
- AA and AL anon meetings
- Night supervision

The home is also providing in conjunction with The Ulster University a community based course on understanding drugs and alcohol addiction.

This is a four week course exploring the impact of addiction on the individual, family and the wider community. This course is open to all interested persons including residents.

The acting manager discussed how at a recent public event for the home which was attended by approximately 200 people and the media, members of the audience got up unprompted to declare how they themselves had benefitted from the care in the home.

An inspection of a quality assurance document on the provision of care documented details of former residents' praise and gratitude for the service provided. Added to this the inspector met with a group of four residents and one former resident. All were keen to express how admission to the home had improved their health and well-being. A former resident informed the inspector that;

- “This place has honestly saved my life and I am eternally grateful for this”

Another resident made comment that:

- “My self-worth has improved greatly since I came here through staff interactions and attitudes to me”

Records were stored safely and securely in line with data protection.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers.

The acting manager, staff and residents confirmed that management operated an open door policy in regard to communication within the home. Residents also confirmed that they were actively encouraged to contact their counsellors if they felt under any undue stress, outside of office hours, but that they felt great support from the supervisor and from one another.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

The acting manager and 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 a group of four residents and one former resident. All were keen to express their praise and gratitude for the home. Some of the comments made included statements such as;

- “The staff all go the extra mile and above to help”
- “I couldn't praise this service enough”
- “Staff are all simply wonderful”
- “It's a lovely atmosphere here”
- “We are all treated with so much respect and feel it is a safe environment”

The acting manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, 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. Staff were also 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 residents 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. Discussions with residents revealed that they got great enjoyment and achievement the week before from climbing a local mountain in County Donegal.

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.

The acting manager and 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 also declared that they felt if there were any issues of concern these would be taken serious 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. These interviews sought to gain their views about the quality of care, support and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The reports were also sent to the Heads of Addiction Services and the Contracts Department in both the Western Health and Social Care Trust and the Northern Health and Social Care Trust. An action plan would be developed and implemented to address any issues identified, an inspection of the most recent quality assurance report found this to be detailed, informative and had good evidence to support resident consultation.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
--------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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.

An inspection of the home's Statement of Purpose found that this was in need of updating to include the new managerial arrangements. A recommendation was made for this to be revised accordingly.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information leaflets. Discussion with residents confirmed that they felt comfortable about raising an issue of dissatisfaction and that they felt same would be appropriately dealt with. Discussions with the acting manager and registered person confirmed that they were knowledgeable about how to receive and deal with complaints.

An inspection of the complaints records confirmed that no complaints had been recently received.

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 satisfaction surveys, known as exit interviews. These interviews helped plan the after care for the resident.

Discussion with the acting manager and staff confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months reports were inspected and were found to be recorded in informative detail with good evidence of governance arrangements.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the acting manager is undergoing the QCF Level 5 qualification in management.

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.

Discussion with the registered person found that he had good understanding of his role and responsibilities under the legislation. The registered person was involved the day to day running of the home.

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

The acting manager and registered person confirmed that there were effective working relationships with internal and external stakeholders. An example of this included a recent visit to the home by the Health Minister.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak to if they wanted advice or had issues or concerns.

Areas for improvement

There was one area for improvement identified in relation to updating the statement of purpose to reflect the current management arrangements within the home.

Number of requirements:	0	Number of recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nuala Tracey, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider must ensure that any member of staff who has the responsibility of being in charge of the home in the absence of the registered manager has a competency and capability assessment in place.</p> <p>Response by registered provider detailing the actions taken: ✓ <i>A formal competency and capability assessment document has been developed.</i></p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2016</p>	<p>The registered provider should revise the policy and procedure on safeguarding to include the new regional guidance (Adult Safeguarding: Prevention and Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home.</p> <p>Response by registered provider detailing the actions taken: <i>NOETHLANDS SAFEGUARDING Policy has been revised to include the new regional guidance. This revision will be formally passed at the next directors meeting on Monday 26th September.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider should update the fire risk assessment on an annual basis in line with good practice.</p> <p>Response by registered provider detailing the actions taken: <i>An updated fire risk assessment was updated and completed in August 2016. The formal report will be available from week ending 23rd September.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider should revise the home's Statement of Purpose to include the updated managerial arrangements.</p> <p>Response by registered provider detailing the actions taken: <i>NOETHLANDS Statement of purpose has been updated with new managerial arrangements revised.</i></p>

Name of registered manager/person completing QIP	NUALA TRACEY		
Signature of registered manager/person completing QIP	<i>Nuala Tracey</i>	Date completed	14/01/16
Name of registered provider approving QIP	<i>DECLAN DOHERTY</i> DECLAN DOHERTY		
Signature of registered provider approving QIP	<i>Declan Doherty</i>	Date approved	19/07/16
Name of RQIA inspector assessing response	<i>John M. Allen</i>		
Signature of RQIA inspector assessing response	<i>John M. Allen</i>	Date approved	7/10/16

**Please ensure this document is completed in full and returned to RQIA's Office*



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqla.org.uk

Web www.rqla.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care