

Unannounced Care Inspection Report 1 March 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 detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Northlands Addiction Treatment Centre Mr Declan Doherty	Registered Manager: Ms Nuala Tracey (acting)
Person in charge at the time of inspection: Ms Nuala Tracey	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 1 March 2018 from 10:10 to 13:00 hours.

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. This report reflects the specialist services provided by the home.

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

The inspection assessed 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.

The service provided by the home includes aftercare support.

Evidence of good practice also included the culture and ethos of the home, listening to and valuing residents and feedback from staff and maintenance of good working relationships.

Three areas requiring improvement were identified. These were in respect of staff recruitment, fire safety risk assessment and fire safety training.

Feedback from staff and the two residents 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Nuala Tracey, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 8 June 2017.

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

During the inspection the inspector met with two residents, three staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff recruitment files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Exit interview summary reports
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

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 8 June 2017

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 8 June 2017

There were no areas for improvements made as a result of the last care inspection.

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 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.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff 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 manager and staff 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 manager; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and an inspection of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 other than

there were no written references in place. It was reported that this oversight was due to the fact that these two members of staff recruited were well known to the home. This has been identified as an area of improvement in accordance with legislation.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. These disclosures were in place for the personnel records inspected.

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 manager, 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 manager confirmed there were risk management procedures in place relating to the safety of individual residents.

Discussion with the manager 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 manager 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 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.

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 manager 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 two residents 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, which had not been done. This has been identified as an area of improvement in accordance with standards.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills was not up-to-date. This has been identified as an area of improvement in accordance with legislation.

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 had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

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

Three areas of improvement were identified during the inspection. These were in relation to staff recruitment, fire safety risk assessment and fire safety training.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with the manager, staff and residents 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 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 encouraged and enabled to be involved in the 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.

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.

The inspector met with two residents at the time of this inspection. The other six residents were out in attendance at a local swimming pool.

Both residents in the home were 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 manager, staff and residents confirmed that management operated an open door policy in regard to communication within the home.

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

- “I feel very humble and indebted to being here. It is simply great in every respect. The atmosphere, the support, the feeling of safety. I cannot praise it enough”
- “I know how lucky I come here. It is helping me. The staff, every one of them are so supportive and caring, as is everybody. You couldn’t complain about a thing”

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. 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 attendance at a local swimming pool.

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 two residents in the home at the time of this inspection.

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

6.7 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 manager 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 a monthly Board of Directors' meeting. Satisfaction surveys are also reported back to the aligned referring Health and Social Care Trust.

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.

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 manager 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

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

	Regulations	Standards
Total number of areas for improvement	0	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 Nuala Tracey, Manager, 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	
Area for improvement 1 Ref: Regulation 21 Schedule 2 (3) Stated: First time To be completed by: 15 March 2018	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Northlands Recruitment Policy requires two satisfactory references for all new employees. The issues detailed in this in the report were an oversight on the organisation's part. All outstanding references have now been sought.</p>
Area for improvement 2 Ref: Regulation 27 (4).(e) Stated: First time To be completed by: 1 April 2018	<p>The registered person shall ensure that all staff including volunteers are in receipt of up-to-date fire safety training and fire safety drills.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire drills take place on regular basis. All staff and volunteers are in receipt of up-to-date Fire Safety training.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 1 May 2018	<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: Northlands latest Fire Safety Risk Assessment was completed May 2018 by James Crothers MIFPO, Fire Safety Consultant, and is valid until March 2019. All recommendations from this assessment have corresponding evidence recorded of actions taken in response.</p>

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



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